STATE OF WASHINGTON
DEPARTMENT OF COMMUNITY,
TRADE AND ECONOMIC DEVELOPMENT

Community Mobilization
Against Substance Abuse And Violence
2002 – 2003 Annual Report

June 2004

Juli Wilkerson
Director

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TABLE OF CONTENTS

Authorized by RCW 43.270 as a statewide effort, Community Mobilization is unique in that it organizes local communities to address the problems of substance abuse and violence. Community Mobilization assists community members in Washington's thirty-nine counties to create and sustain healthy, safe, and economically viable communities, free from alcohol, tobacco, other drug abuse, and violence.

Community Mobilization Against Substance Abuse and Violence has active community coalitions working throughout Washington. In 2002-2003, Community Mobilization served a total of 262,290 individuals. Examples of local programs provided include:

- Challenge Ropes Courses
- After-School Programs
- Parent Education Classes
- Teen Centers and Coalitions
- Smoking Cessation Programs

- Pregnancy Prevention Programs
- Anger Management Classes
- Social Skills Development Classes
- Skate Parks
- Family Resource Centers

Forty-three percent of all participants were youth, ages 10 - 18. The Community Mobilization (CM) Program was established in 1989 by the Washington State Legislature to address the issues of substance abuse and violence through the organized and collaborative efforts of entire communities. This report provides information and data about the functions and activities of the statewide CM Program in Washington's thirty-nine counties.

Community Mobilization provides vision. The CM Program's vision: Community members participating in creating and sustaining healthy, safe, and economically viable communities free from alcohol, tobacco, other drug (ATOD) abuse, violence, and all related social issues. Local CM coordinators make this a reality by pursuing CM's mission to effectively address the problems of ATOD abuse and violence through collaboration, cooperation, communication, commitment, and cultural competency.

Community Mobilization is a local resource. Since the inception of CM, local CM coordinators are recognized as their county's central resource point for all prevention efforts[1]. They are the first to be contacted when individuals or organizations have questions about substance abuse or violence prevention because they either have the answers or know the source of those answers[2].

Community Mobilization provides leadership. Successful community-based prevention programs build upon the efforts of a variety of grassroots and locally based organizations. CM promotes prevention efforts that are dependent upon a community commitment to values and attitudes consistent with a drug and violence free environment. CM leadership stimulates change and ensures that prevention efforts are culturally appropriate and effective. One of the most important prevention lessons learned throughout the last two decades is that prevention cannot be imposed from the outside; it must be led from inside the community to be effective[3]. CM brings local leaders to the table.

Community Mobilization is locally driven. The CM Program requires an active governing board that represents the local community perspective. The board is involved in the development and

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[1]Developmental Research and Programs, Inc., *The Role Community Mobilization Programs Play Supporting County-Wide Efforts to Prevent Alcohol, Tobacco, Other Drug Use, and Violence,* Channing L. Bete Co., Inc., 2001, p. 12.
[2] Ibid., p. 15.
[3] Developmental Research and Programs, Inc., *Community Mobilization Evaluation, 2001 Final Report,* Channing L. Bete Co., Inc. 2001, p. 31.

implementation of the CM Program's substance abuse and violence reduction strategy. At a minimum, each county must ensure that their board includes representation from education, treatment, law enforcement, local government, and other community organizations.

Community Mobilization is based upon partnerships. CM programs are directly involved in many networking efforts that have developed as a result of community representatives working together to share information. Examples include the Collaborative Needs Assessment, the Prevention Summit, the Washington State Healthy Youth Survey, the Reducing Underage Drinking Coalition, DUI/Traffic Safety Programs, the Washington Association for Substance Abuse and Violence Prevention, Tobacco Prevention, school partnerships, the National Network for Safe and Drug-Free Schools and Communities, and the Governor's Council on Substance Abuse.

Community Mobilization uses the Communities That Care® (CTC) risk and protective factor model, a best practices model that provides research-based tools to assist communities in designing effective efforts to promote the positive development of children and youth, and prevent adolescent substance abuse, delinquency, teen pregnancy, school dropout, and violence. CM is based on rigorous research from a variety of fields, including sociology, psychology, education, public health, criminology, medicine, and organizational development[4]. *The Communities That Care®* model is:

- **Inclusive:** It engages all parts of the community.
- **Proactive:** It identifies and addresses priorities *before* people are involved in the problem behaviors.
- **Based on rigorous research:** It comes from a variety of fields (sociology, psychology, education, public health, criminology, medicine, and organizational development).
- **Community-specific:** It adapts to the uniqueness of each community, not a "cookie-cutter" approach**.**

Community Mobilization reduces crime and substance abuse. Community Mobilization provided **drug and violence prevention instruction** in thirty-nine counties during 2002-2003. For example:

- **SKAGIT COUNTY PREVENTION COUNCIL:** 250 people attended a local Meth Summit to address concerns about meth dangers and the problems caused by meth. Participants learned how to recognize a meth lab and who to notify about meth concerns. Pre-post survey results showed a 34% - 48% increase in participants' abilities: to identify a meth danger; to communicate with others about meth; and to understand the impact of meth on families and children, and meth treatment and recovery.
- **CLALLAM COUNTY COMMUNITY MOBILIZATION AGAINST SUBSTANCE ABUSE:** Middle and high school students participated in the *Life Skills* best practice program designed to promote healthy lifestyles free of drugs and violence. Pre-/post-tests showed that after participating in the program, 73% of students felt better able to resist drugs; 61% felt confident that they could avoid violence; 57% felt that they could better manage their anger when upset; and more that 70% learned ways to make better decisions to avoid drugs and violence.

Community Mobilization improves safety and well-being. Twenty-six Community Mobilization counties provided **parent education services**. For example:

- **COWLITZ COUNTY SUBSTANCE ABUSE COALITION:** The Strengthening Families Program (10-14) focuses on whole family communication. 100% of participating parents surveyed reported a decrease in family conflict (41% of those were significant decreases); and parents reported

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[4] Developmental Research and Programs, Inc., *Community Mobilization Evaluation, 2001 Final Report,* Channing L. Bete Co., Inc. 2001, p. 31.

significant improvements in setting consequences, rewarding their children, and calmly working out problems. 85% of families that enrolled completed the seven-week program.

- **ISLAND COUNTY SOUTH WHIDBEY YOUTH CENTER:** The Parent Education and Support Program improved family management and communication skills, and reduced family conflict. Participants reported a 62% decrease in yelling in the home; a 76% increase in confidence in parent-child relationships; and a 63% increase in consistency in structuring household rules.
- **COLUMBIA COUNTY COMMUNITY MOBILIZATION AGAINST SUBSTANCE ABUSE:** The six-week Summer Recreation/Prevention Program increased youths' social skills and increased unfavorable attitudes toward alcohol and tobacco use. 75% of parents surveyed saw increases in their child's socials skills, self-esteem and drug resistance skills.
- **SKAMANIA COUNTY COMMUNITY MOBILIZATION AGAINST SUBSTANCE ABUSE:** 450 youth, ages 11-18, participated in five youth programs including: the Gorge Girls/Guys Club, where they connected with positive, caring adult mentors; and the Teen Assistance Program (TAP), which helped youth develop critical thinking, decision-making, cooperation, and effective social relations skills.

Community Mobilization improves academic performance. Thirty Community Mobilization Counties provided **before and/or after school services**. For example:

- **GRAYS HARBOR COUNTY CM:** The After School Program served 555 youth at two sites; helped youth with reading, math, and study skills; and provided substance abuse prevention lessons and recreational activities in a safe environment. 95% of students surveyed felt the program helped with homework and 73% of teachers believed that the program improved students' academic performance.
- **MASON COUNTY DRUG ABUSE PREVENTION:** *Skills Talk for Kids* goals are to increase social skills, accountability, and self-efficacy among children ages 13-18. All Shelton School District teachers (132) were trained in the program; and provided 4,488 support service hours to 1,576 high school students. Results were increased reading and math grades, and better teacher/student communication.
- **PACIFIC COUNTY CM:** The after-school program *Keep A Clear Mind* was used with students (grades 1 through 6) and their parents. Evaluation results showed a tremendous increase in commitment to school (63% of pre-tests reported "always or often hated being in school;" post-tests reported 18%; and 90% of pre-tests answered yes to "when pushed, I fight"; post-tests reported 9%). 100% of the parents surveyed felt the program was either essential or very important to their child.

How Community Mobilization is funded. For every dollar spent on drug abuse prevention, communities can save four to five dollars in costs for drug abuse treatment and counseling (NIDA 1997). A total of $3.1 million provided Community Mobilization funding in all thirty-nine Washington counties during 2002-2003. Of this total, $1.7 million came from the state's Violence Reduction and Drug Enforcement (VRDE) account, and $1.4 million from the federal Safe and Drug-Free Schools and Communities grant.

Community Mobilization leverages resources. A sampling survey of Community Mobilization in ten counties found that for every $5 in state Community Mobilization grant funds, Community Mobilization was able to raise $20 in additional funds ($9 in cash and $11 in-kind match).

- **FERRY COUNTY CM:** The 20/20 Reading and Mentoring Program reported 80 volunteers provided 2,700 volunteer hours valued at $32,400 ($12/hour). Other in-kind of $4,500 made the total $36,900.
- **SNOHOMISH COUNTY CM:** Over 23,000 Snohomish County residents directly benefited from CM funded drug and violence free programs; and $288,000 in in-kind match was leveraged.

Community Mobilization's success is documented by evaluation[5]. Beginning in 1996 and continuing through 2000, the Department of Community, Trade and Economic Development (CTED) contracted with Developmental Research and Programs, Inc. (DRP) of Seattle, Washington, to conduct a comprehensive evaluation of the CM Program. The CM projects proved to be well integrated within the county-level prevention community, and were often at the center of their county's prevention services. CM activities routinely incorporated high levels of volunteer efforts from other county-level organizations and provided substantial help to other prevention agencies. In addition, CM programs were heavily customized and tailored to fit their unique county setting.

In developing its outcome evaluation methodology, CTED implemented pilot evaluations and provided ongoing support, training, and technical assistance to the local CM programs. It was learned that high quality evaluation was possible and already taking place for local CM programs; that measurement instruments either already existed or were being fine-tuned; and that without continued oversight, local CM projects could not sustain the expense and resources needed to conduct their evaluation efforts.

In June 2001, CTED brought a full-time evaluator on staff. In 2002, CM implemented a new, ongoing, statewide evaluation process for all CM programs. This process will help each local CM coalition evaluate the effectiveness of their efforts and provide them with the specific information to make improvements in local programs. At the state level, it will help state program managers identify target areas for program improvement.

The results from the first year's evaluation document the positive impact that CM programs had in communities all across the state. The indicators measured were chosen because they are scientifically significant indicators of participation in risk behaviors:

- The *Community Scorecard* survey results indicated that CM was very effective in mobilizing communities to deal with substance abuse and violence, because their mobilization efforts had sustained leadership and the CM participants knew how to mobilize the community.
- The *Family Tension* survey demonstrated that the program had a measurable impact in improving family functioning and reducing conflict.
- The *Individual Domain* survey showed that individual program participants in grades 6-12 engaged in rebellious behavior less frequently after participating in the CM Program.

Community Mobilization addresses emerging issues. While working on many different aspects of drug abuse and violence problems, CM Coordinators have found that new issues are constantly emerging. CM is in a unique position to help local communities and prevention partners respond to these issues; and state and local CM agencies regularly work together to develop a statewide approach. Emerging issues faced by CM have been identified by communities in the Collaborative Needs Assessment process, local and statewide networking, outcome measurement, methamphetamine impacts, inadequate and unstable funding, science-based programming, leveraging funding, *Homeland Security*, and ensuring culturally appropriate prevention programming.

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[5] Developmental Research and Programs, Inc., *The Role Community Mobilization Programs Play Supporting County-Wide Efforts to Prevent Alcohol, Tobacco, Other Drug Use, and Violence,* Channing L. Bete Co., Inc. 2001, p. 2.

INTRODUCTION

COMMUNITY MOBILIZATION WORKS FOR COMMUNITY CHANGE

Community Mobilization Against Substance Abuse and Violence has active community coalitions working in all thirty-nine Washington counties. Community Mobilization (CM) Programs provide the catalyst and coordination necessary to bring community stakeholders and organizations together to develop strategies that counter substance abuse and violence. CM creates and builds on existing efforts to facilitate community change and provide healthy social development experiences for youth and families impacted by substance abuse and violence.

The CM Program was established in 1989 by the Washington State Legislature to address the issues of substance abuse, violence, and related social ills through the organized and collaborative efforts of entire communities. Established within the Washington State Department of Community, Trade and Economic Development (CTED), funding for CM comes from two sources, totaling $3.1 million per year, to ensure a statewide CM prevention presence. Washington State's dedicated Violence Reduction and Drug Enforcement (VRDE) account provides about $1.7 million per year; the Governor's portion of the federal Safe and Drug-Free Schools and Communities (SDFSC) Grant provides another $1.4 million.

This report provides information and data about the functions and activities of the statewide CM Program in all of Washington's thirty-nine counties. CTED staff and local CM coordinators are enthusiastic about the ongoing successes enjoyed within the local CM programs. The following pages will describe what the CM Program is really about; that is, *organizing local community members to prevent and reduce substance abuse and violence*.

This report also summarizes the key evaluation findings from the 2002-2003 evaluation efforts of the local county CM programs, and will discuss current issues faced by CM. It describes the unique attributes of CM at the local level and the unique voice of each community as it works to solve its own substance abuse and violence problems; i.e., how local CM coalitions support treatment, law enforcement, and community organizing.

WHAT IS COMMUNITY MOBILIZATION?

Effective prevention of violence and alcohol, tobacco, and drug abuse requires communities to become organized and strongly motivated to meet the challenge. Successful prevention efforts require that a community find a structure and process that encourages a variety of independent, local organizations to cooperate effectively in the delivery of prevention services. In Washington State that structure and process is the Community Mobilization model.

The CM Program's vision: **Community members participating in creating and sustaining healthy, safe, economically viable communities, free from alcohol, tobacco, other drug (ATOD) abuse, violence, and all related social issues.** Local CM Coordinators make this a reality by pursuing CM's mission **to effectively address the problems of ATOD abuse and violence through collaboration, cooperation, communication, commitment, and cultural competency.** CM funds and supports local community organizing efforts, services, and projects directed toward ATOD and violence reduction within every county in Washington State.

Since the inception of CM, local CM coordinators have been recognized as their county's central resource point for all prevention efforts.[8] They are the first to be contacted when individuals or organizations have questions about substance abuse or violence prevention because they either have the answers or know the source of those answers.[9] Their interconnections within their counties are major assets in linking organizations and services. In this capacity, CM programs have become the cornerstone of prevention efforts throughout their counties. The CM coordinators are the primary linkages among prevention organizations. They assist in the allocation of effort and resources, offer prevention expertise and consulting, ensure coordination of efforts, and generate momentum for passionately organized prevention communities. CM is the only prevention program in the state that requires local community mobilization as a prevention strategy. In some counties, the entire CM funding resource is dedicated to developing and nurturing this community organizing process.[10]

Successful community-based prevention programs build upon the efforts of a variety of grassroots and locally based organizations. CM targets specific community needs identified through county-level collaborative needs assessments. Therefore, CM promotes prevention efforts dependent upon a community commitment to values and attitudes consistent with a drug- and violence-free environment. Local CM leadership stimulates these changes and ensures that prevention efforts are culturally appropriate and effective. One of the most important prevention lessons learned throughout the last two decades is that *prevention cannot be imposed from the outside; it must be led from inside the community to be effective.*[11] CM brings local leaders to the table to effectively spearhead this community commitment.

In each county, professionals and community members work together to develop their collaborative needs assessment to identify the highest substance abuse and violence risks prevalent among their

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[8] Developmental Research and Programs, Inc., *The Role Community Mobilization Programs Play Supporting County-Wide Efforts to Prevent Alcohol, Tobacco, Other Drug Use, and Violence,* Channing L. Bete Co., Inc., 2001, p. 12.
[9] Ibid., p. 15.
[10] Ibid., p. 1.
[11] Developmental Research and Programs, Inc., *Community Mobilization Evaluation, 2001 Final Report,* Channing L. Bete Co., Inc., 2001, p. 31.

communities and to select the protective factors they can implement in preventing these problem behaviors. This locally driven process involves a partnership of local staff from the following state-funded programs: CM, school districts, the Department of Social and Health Services/Division of Alcohol and Substance Abuse (DSHS/DASA), the Department of Health (DOH), Driving Under the Influence Task Forces, and Community Health and Safety Networks. In addition, it partners with parents, concerned citizens, and other community organizations.

CM Programming uses the *Communities That Care® (CTC)* model in promoting positive development of children and youth, and for prevention of substance abuse and violence. CM **inclusively** engages all areas of the community in promoting healthy development. CM **proactively** identifies and addresses priority needs *before young people become involved in problem behaviors*, and targets early indicators instead of waiting until problems become entrenched in young peoples' lives. CM is **based on rigorous research** from a variety of fields, including sociology, psychology, education, public health, criminology, medicine, and organizational development.[12] CM is tailored to each community. Each local CM program uses its own community's data-driven profile. This profile is developed from the county's collaborative needs assessment process to develop a comprehensive, long-range plan to strengthen existing resources and to fill identified gaps throughout their county.

Robin Posey; Sherry C. Wong; Richard F. Catalano, Ph.D.; J. David Hawkins, Ph.D.; Linda Dusenbury, Ph.D.; and Patricia J. Chappel of Developmental Research and Programs, Inc. developed the *Communities That Care® Prevention Strategies: A Research Guide to What Works*. In the early 1980s, J. David Hawkins and Richard F. Catalano also collaborated in conducting a review of thirty years of research on youth substance abuse and delinquency. This CTC model is the foundation of their work on risk and protective factor-focused prevention. Their approach is based on the simple premise that, *to prevent a problem from happening, we need to:*

- *Identify the factors that increase the risk of that problem developing;*
- *Find ways to reduce the risk:*
- *Identify the factors that increase protection that will reduce the chances of that problem developing; and then*
- *Find ways to enhance those protective factors.* This is the foundation upon which each local CM Program is built.

The uniqueness of CM's community organizing role, combined with the *CTC Model* and the county collaborative needs assessment process, results in prevention strategies that are locally driven. In this way, CM effectively addresses the specific substance abuse and violence reduction needs of local communities statewide.

Community Partnerships

Community Mobilization's success is largely due to the partnerships it has created. CM Coordinators have strengthened and expanded relationships over the years as they partnered with other community organizations to reduce substance abuse and violence. But experience shows that partnering includes challenges:

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[12] Developmental Research and Programs, Inc., *Community Mobilization Evaluation, 2001 Final Report,* Channing L. Bete Co., Inc., 2001, p. 7.

- Territorialism: Some organizations want to dominate other agencies' efforts and/or influence the decision-making process to make choices that are contrary to the community's prioritized needs.

- Differing requirements: Expectations of funding sources vary (i.e., Community Networks, DASA, and CM), making it difficult to design comprehensive, inclusive programs. The challenge is to fulfill each funding source's requirements while maximizing each partner's contribution to the whole.

- Resource gaps: Gaps may result from funding limitations and requirements, or from a simple lack of resources. Important activities are weakened due to a lack of needed components (transportation, childcare, etc.). Sometimes the solution requires seeking partners who may fill these gaps. Creativity is necessary in identifying the resources that can respond to the need.

At the local and state level, CM works to create partnerships with multiple agencies and service providers within and outside of the prevention field. CM is often the catalyst for action in the community. It has been shown that this type of networking requires constant maintenance and assistance in order to thrive. CM contractors prioritize their efforts to ensure that local networking, or *Community Organizing*, receives the support and assistance needed to continue to serve the community.

The CM Program requires an active policy board that represents the local community perspective. The board is involved in the development and implementation of the CM Program's substance abuse reduction strategy. At a minimum, each county must ensure that their board includes representation from education, treatment, law enforcement, local government, and parents. Ideally, CM boards will represent an even broader cross-section of the community's agencies and organizations (such as, the business and faith communities); as well as its ethnic, racial, age, and geographic diversity.

CM programs are directly involved in many networking efforts that have developed as a result of community representatives working together to share information. Examples include:

Collaborative Needs Assessment

Locally, prevention professionals and community members are required by their funding sources to work together in developing a *Collaborative Substance Abuse and Violence Prevention Needs Assessment*. This assessment assists the community partners to identify and prioritize prevalent substance abuse and violence risk and protective factors, and to identify resources in the community which may already be addressing these issues. This locally driven process involves partnerships among the following programs: CM, OSPI, DSHS/DASA, DOH, Community Health and Safety Networks, parents, concerned citizens, and community organizations.

The Washington Interagency Network (WIN) requested that, as a part of a larger State Incentive Grant (SIG) evaluation effort, the Collaborative Needs Assessment process be evaluated. Findings:
- All counties completed a Collaborative Needs Assessment report.
- The assessment resulted in first-time collaboration for some counties. Some of the new workgroups established decided to continue meeting after the report was completed.
- The movement from collaborative assessment to collaborative planning occurred without a break in some counties.

- The vast majority of local partners went to great lengths to collect, analyze, and present data to their peers and community members.

Washington State Prevention Summit

Representatives from all areas of the substance abuse and violence prevention field come together every year in a statewide conference to share expertise and learn about innovative programs and best practices. This year's theme was *"Do Amazing Things, Not Drugs."* The conference offered workshops focused on collaborative efforts in prevention theory and science, practical application, innovations, policy and advocacy, systems development, taking research to practice, and advanced prevention science. The workshop tracks targeted school, community, professional, tobacco, youth, marijuana, and Reduce Underage Drinking (RuaD) professionals. CM coordinators were both participants and presenters, highlighting their program practices and current strategies. This very successful annual collaborative event is well attended by members of the prevention field statewide.

Healthy Youth Survey (formerly known as Washington State Survey of Adolescent Health Behaviors)

Every two years, partners from the OSPI, DOH, DSHS/DASA, and CTED come together to jointly sponsor a statewide survey of youth health behaviors. The *Washington State Healthy Youth Survey* is given to school-aged students in grades 6, 8, 10 and 12. It gathers information concerning behaviors that may result in unintentional and intentional injury (e.g., seat belt use, fighting, and weapon carrying); physical activity; dietary behaviors; alcohol, tobacco, and other drug use by minors; and related risk and protective factors. Survey data is used as one source of information in developing county-level collaborative needs assessments.

Governor's Council on Substance Abuse (GCOSA)

GCOSA was established by executive order in 1994. CM is one of several key membership areas selected for representation. The Council works with state and local agencies and communities to develop common substance abuse reduction goals and priorities for the majority of prevention providers in the state. It also advises Washington State's Governor on substance abuse issues by providing policy, program, and research recommendations.

Washington Association for Substance Abuse and Violence Prevention (WASAVP)

As the need for strengthening advocacy to reduce substance abuse and violence (and their effects on the citizens and communities of Washington State) became critical, CM Coordinators came together and created the *Washington Association for Substance Abuse and Violence Prevention.* These local organizers represented large, small, rural, and urban communities; and blended their ideas, strengths, and experiences. The mission of WASAVP is "To unite prevention advocates in Washington State in order to create environments that support safe and healthy communities through the prevention of substance abuse and violence."

Washington State Community DUI/Traffic Safety Programs (WTS)

Traffic Safety Programs promote safe driving in their respective communities and serve over eighty five percent of our state's population. In many counties, the CM Coordinator works directly with, or serves as, the WTS County Coordinator. Services include coordinating emphasis patrol activities; presenting to youth and communities; public information and education; organizing mock crashes; safe prom activities; DUI victim impact panels; and supporting statewide campaigns.

<u>Washington State Coalition to Reduce Underage Drinking (RUaD)</u>

The RUaD Coalition, which serves as the advisory committee to the RUaD Policy Council and, ultimately, to the Governor, provides local grant funds to reduce underage drinking. The State Coalition was chartered to provide policy input and implement guidance to the RUaD Program. CM is a Coalition member at both the state and local levels. As such, CM works with other state agencies, community groups, law enforcement, and youth to systematically address underage drinking.

<u>Department of Health/Tobacco Prevention</u>

CM coordinators play a large role in tobacco prevention. CM is involved with DOH boards in the facilitation of training, such as *Teens Against Tobacco Use* for students, and participation in public service announcements. In several counties, CM coordinators are also the Tobacco Prevention Providers. They work closely with local schools, assisting prevention/intervention specialists with materials needed for students and providing educational material for classroom teachers. In some counties, CM coordinators serve on their county's tobacco coalitions, which are responsible for programs and strategies for use of tobacco settlement funding.

<u>The National Network for Safe and Drug-Free Schools and Communities (SDFSC)</u>

The passion reflected by the local CM Coordinators who created WASAVP was mirrored at the state level when representatives from many of the states' Safe and Drug-Free Schools and Communities Programs federal grant came together and formed the *National Network for Safe and Drug Free-Schools and Communities* (Network). Comprised of state-level school and Governor's administrators (a portion of the grant is targeted to communities via Governor's Offices), the Network meets twice a year in Washington, D.C., and consistently enjoys attendance from no fewer than 30 states. Attendees at Network meetings share program implementation issues and expertise, seek problem resolution, and work to ensure that information about the program's successes is communicated to all policy levels. CTED CM staff served as chair of the Network, and led the process to create a system to gather national SDFSC outcome data.

<u>School Partnerships</u>

Partnership is the appropriate description for CM in the school system. Statewide school referrals consistently make up no less than 43 percent of local CM participants, as reflected by local Program Activity Reports. CM is considered by Prevention Specialists to be their main resource[13]. CM offers services in the schools that include prevention education, video rentals, school notification regarding statewide activities, assistance with events such as the "Mock Crash", provision of classroom educational materials, data for grant writing, and availability to schools for any questions concerning prevention.

CM assists middle school coordinators with information concerning needs assessments, laws and regulations related to prevention, and new laws and/or concerns. A middle school coordinator's focus is on parent and community involvement with their respective schools, thereby making the relationship between themselves and CM of great importance.

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[13] Developmental Research and Programs, Inc., *The Role Community Mobilization Programs Play Supporting County-Wide Efforts to Prevent Alcohol, Tobacco, Other Drug Use, and Violence,* Channing L. Bete Co., Inc., 2001, p. 12.

EMERGING ISSUES

Community Mobilization is flexible and is designed to meet the particular needs of each community. While working on many different aspects of drug abuse and violence problems, CM coordinators have found that new issues are constantly emerging. Often statewide in nature, these emerging issues may be of greater or lesser concern in any given county. CM works to address emerging issues both locally and statewide. State and local agencies often work together to develop a statewide approach. Emerging issues currently faced by CM include:

Impacts of Methamphetamine Production and Use

Methamphetamine (meth) production and abuse have risen steeply in recent years. In 2001, Washington State ranked among the top five states nationally in the production of meth. That year alone, 1,890 meth lab sites were cleaned up in Washington; another 1,587 were cleaned up in 2002[7]. As a result of the growing meth problem, local CM programs added projects to address the myriad of meth concerns locally. During 2002-2003, the emphasis expanded from identifying and closing "drug houses" and raising awareness regarding the harm methamphetamine brings to the community, to working to prevent the purchase of precursor drugs and to address the myriad issues involved in the clean-up of lab dump sites.

At the request of a number of CM contractors, law enforcement, and environmental agencies in Washington State, Congress funded a statewide *Methamphetamine Initiative* to address the problem from multiple levels. CM contractors in 30 counties received funding to create local "Meth Action Teams" charged with creating countywide comprehensive strategies. Because CM approaches are rooted in community involvement, CM had the tools and connections to accomplish the task of creating and sustaining such teams. The local Meth Action Teams were co-convened by the 30 CM contractors and their county sheriffs to address the following identified emerging issues:

- Meth labs were growing at a rate faster than enforcing agencies could deal with them.

- Meth manufacturers began to move into more remote areas of the state in order to avoid detection.

- Meth manufacturers were using more creative and portable sites for production (e.g. storage units, trailers, cars, highway rest stops, etc.).

- One pound of methamphetamine product creates up to ten pounds of highly toxic refuse that is abandoned, dumped on the ground, poured into streams or sewers, or dumped down wells.

- The cost of locating, breaking down, and cleaning up meth labs far exceeded available resources.

- Meth was being widely distributed. It gained in popularity, and education about its dangers lagged far behind its availability.

- Treatment of meth addiction and relapse among users in treatment was, and continues to be, an issue at the forefront of addiction.

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[7] *1999, 2000, 2001, and 2002 Meth Labs/Dumps,* Washington State Department of Ecology, Olympia, WA, 2003.

Inadequate and Unstable Funding

Prevention funding is unstable and inadequate to provide a meaningful impact. CM funding has been reduced over the last eight years. Prevention providers face the reality that funding may not continue. Programs and projects that are built on short-term funding cannot provide long-term results. Measurement of prevention activity results often requires several years of services. When programs cannot insure their existence for more than one to two years at a time, strategies must be short-term. However, significant change usually requires several years of consistent effort.

- Territorialism created by prevention programs competing for funding undermines cooperation/collaboration attempts.

- It is difficult to show progress when a lack of funds results in un-served clients and unaddressed problems within the community.

- In many communities, the need for service is growing at a faster rate than the resources.

- Demands placed on local CM programs to effectively demonstrate success divert resources from direct service to administrative functions.

- CM programs are consistently expected to do more with less. This results in staff burnout and turnover within the prevention field.

Most CM contractors realize the importance of proving the effectiveness of their programs in order to procure continued and additional funding.

Science-Based Programming and Local Control

More funding sources are requiring local contractors to use "Best Practices" and/or "Promising Practices" from the various lists created by federal agencies. As this pressure builds, contractors must weigh the CM mandate that strategies be locally driven against the need to comply with other requirements. "Best Practices" and "Promising Practices" are often difficult to implement for the following reasons:

- There are at least four distinct lists of "approved" strategies, each published by a different federal agency: Centers for Disease Control, Office of Juvenile Justice and Delinquency Prevention, the federal Department of Education, and the Center for Substance Abuse Prevention. Strategies may appear on one list, but not on another. They may be considered a "Best Practice" on one list and a "Promising Practice" on another.

- Most "Best Practices" and "Promising Practices" are proprietary in nature and can be very expensive. Local contractors do not have the resources to allow for the acquisition of strategies that include the training of staff, and still have sufficient resources to provide prevention programs to their communities.

- Many local contractors cannot replicate the strategies with integrity, due to limited resources (personnel, time, equipment, or specialized materials). Some strategies require a large number of staff or specially trained personnel in order to reproduce the program. CM contractors often rely on volunteers and community support to implement programs, making it more difficult to ensure reliability.

- Local programs may not have a sufficient number of participants to demonstrate effectiveness.

- Local communities may have an investment in locally developed strategies that they feel are more appropriate for their populations.

- The measurement tools provided along with a "best practice" strategy often measure the fidelity of the program implementation rather than the program's outcome effectiveness.

Locally designed and implemented programs may have the following disadvantages:

- They do not "fit" the risk and/or protective factors prioritized by the Needs Assessment.

- There is no built-in outcome measurement tool that demonstrates effectiveness.

- Community members may lack the expertise to develop and implement outcome measures locally. They may choose instruments that do not measure the identified outcomes. They may implement the measurement tools incorrectly.

- The community may not possess the necessary resources to properly implement and/or analyze the measurement tools chosen. Even if the strategy seems successful, the community cannot reliably demonstrate that fact.

- Even when the program is able to implement an appropriate outcome measurement component, it may not be viewed as "reliable" by the research community or by funding sources.

- The rigorous procedures required for a locally developed program to be selected as either a "Best Practice" or "Promising Practice" are beyond the capacity of most communities.

Contractors constantly have to balance the need to demonstrate success against the resources available to implement programming. They must also evaluate community readiness to engage in the selected programming and to provide continued support over time. They must ensure that resources available are wisely administered for the greatest benefit to the population. When a large portion of the available resources is allotted to evaluation activities, the amount available for prevention programs is impacted. The remaining resources may be inadequate to fund the program effectively, or may require a reduction in the number of programs a community can implement.

Cost Efficiencies and Leveraging Funds

CM funding is quite small, so most contractors have become experts in finding resources in their communities to support their prevention programming. It usually means using low-cost programs and finding partners and community members who will help support the activities developed to reduce substance abuse and violence. Because of CM's high level of networking, contractors often are involved in coordinating local resources to insure the best impact for their communities. However, they do not always report, or even recognize, all of the resources they have leveraged. There are several reasons for this:

- When CM coordinators collaborate with other local agencies to apply for a grant, or when an activity is jointly funded by two or more grants within a single agency, some of the resources may have to be designated as match to that funding source in order to support the grant.

- Other agencies also need match in order to access their funding.

- Some funding sources used to provide services may not be used as match for another program.

- CM coordinators do not always recognize that a supportive activity or contribution actually qualifies as match when, in fact, it does (for example: a room used 'free of charge' for prevention activities, refreshments provided by a local retailer, discounts on printing or other supplies to support the prevention activities, etc.).

Homeland Security

Since September 11, 2001, many communities have become involved in homeland security projects and issues. Contractors have found that there is a strong connection between the activities Homeland Security Projects engage in and the prevention programs being offered by contractors. While in some cases these two programs seem to be in competition for funding, some contractors have been able to make the connection between substance abuse and violence reduction and public safety. Not only do drug profits potentially help finance terrorist activities, but drug dealing and illegal drug activity also spawn a host of violent crimes that threaten public safety. A collaborative process is needed to ensure that local prevention efforts are recognized as vitally necessary within the scope of homeland security efforts.

Culturally Appropriate Prevention Programming

The number of ethnic communities across Washington State continues to grow. Joining the ranks of the more established Latino and Asian communities, and Native American tribes across the state, are Russian, Yugoslavian, Philippino, and other immigrant communities. These people often have different cultural beliefs and behaviors in regard to substance abuse and violence. It is important that local contractors take into account these varying approaches to substance abuse and violence prevention among youth from different cultures. Programs that were designed to impact the average acculturated American youth may not be appropriate for these populations. In designing programs for youth of other ethnic backgrounds, some strategies might include:

- Contacting influential members of the ethnic communities to get their support for activities.

- Getting input from youth and elders of the target community when designing programming.

- Ensuring that staff and volunteers are trained to be sensitive to the cultural differences, values, and needs of each particular ethnic group.

- Recruiting qualified members of the ethnic community as paid staff and volunteers, to help in directing the program.

- Allowing the program to respond to the unique values and strengths of each particular ethnic community.

Collaborative Needs Assessment Requirements

Since 1999, CM contractors have been required to participate in a Collaborative Needs Assessment to determine the risk and protective factors at work within their communities. To insure that the substance abuse and violence needs with the highest priority are addressed, data used to determine local needs comes from the county profiles developed by DASA, local and statewide archival data, the Washington State Healthy Youth Survey, and local sources. At a minimum, each county is required to conduct a joint needs assessment with DASA and CM. Other partners that are encouraged to participate include the Office of Superintendent of Public Instruction (OSPI) through

their Educational Service Districts, Department of Health (Tobacco Program), Community Health and Safety Networks, and the Washington Liquor Control Board (Reducing Under Age Drinking Project).

Some county groups developed common goals, objectives, and strategies to address the needs identified. It is anticipated that more counties will participate in the collaborative development of goals, objectives, and strategies as future needs assessments are conducted. CM contractors played a pivotal role in this development and subsequent collaborative efforts.

The State Incentive Grant (SIG) evaluation identified the following issues inherent within the needs assessment process:

- Communication from state agencies to their local constituents needs to be strengthened. Agencies' differences in administrative boundaries, fiscal agents, prevention focus, and delivery systems need to be addressed.

- Not all communities wish to engage in a joint needs assessment process.

- There are varying levels of expertise, knowledge, and ability around gathering and analyzing data.

- Data is not always easily found or it may not be readily available (i.e., schools may not wish to release disciplinary action statistics; or crime or drug use statistics may not be readily available for a specific geographical area).

- Local reports that are submitted to state agencies need to be more readily accessible by both state and local staff.

- The content of data collected needs to be assessed and adjusted, as necessary, to assure continuing relevance.

Local and Statewide Networking

At the local and state level, CM works to create partnerships with multiple agencies and service providers within and outside of the prevention field. CM provides and facilitates networking capabilities between law enforcement, schools, health departments, DASA, prevention providers, and treatment agencies. CM brings together non-profits, businesses, religious/civic groups, tribal and various ethnic group representatives, and community members to develop strategies to address identified drug and violence prevention needs. CM contractors and state staff work with policy makers to ensure that drug and violence issues are addressed in Washington's communities. CM contractors prioritize their efforts to ensure that community organizing, or local networking and coalition building, receives the support and assistance needed to serve the community. Mobilizing communities and maximizing effective prevention activities face the following challenges:

- Territorialism: Some organizations want to dominate other agencies' efforts and/or influence the decision-making process in ways that are contrary to the prioritized needs of the community.

- Differing requirements: Expectations of funding sources vary (i.e., Community Networks, DASA, and CM), making it difficult to design comprehensive, inclusive programs. The challenge is to fulfill each funding source's requirements while maximizing each partner's contribution to the whole.

- Resource gaps: Gaps may result from funding limitations and requirements, or from a simple lack of resources. Important activities are weakened due to a lack of needed components (transportation, childcare, etc.). Sometimes the solution requires seeking partners who can and may fill these gaps. Creativity is necessary in identifying the resources that can respond to the need.

Outcome Measurements

Funding sources expect successful program outcomes. Positive, relevant outcome measures are more easily proven in some fields than in others. In the substance abuse and violence prevention field it is difficult to document outcomes. And since the science of measuring prevention outcomes is new, there is a steep learning curve. Programs at all levels are literally learning and modifying their outcome evaluation approaches as the science is being built.

- Skills development: prevention program staff require ongoing training in research methods in order to identify data that should be collected, and in collection know-how.

- Limited resources: funds used to provide outcome measurement expertise are diverted from client services. At what point does a reduction in services become a factor in preventing positive outcomes?

- Barriers to needed information encountered: schools may be resistant to releasing attendance, grade, or disciplinary action records.

- Prevention is an "indicator-based" science. Some policy makers insist that the prevention community demonstrate causality; this is unrealistic, and policy makers need continuing education.

- Prevention: how does a program prove that an individual did not use drugs/commit violence due to participation in a program? We are being asked to document something that did not happen.

- Low participant numbers: in rural communities, programs are often too small to provide a "valid" measurement. Data regarding such participants does not create a statistically meaningful result.

CM'S EVALUATION HISTORY

THE FOUNDATION OF CM'S PAST PROCESS EVALUATION EFFORTS

Process evaluation is the most basic form of program evaluation. It examines the formation, development, and operations of a program. It includes whom the program serves, what kinds of services are delivered, how material and personnel resources are allocated, and the effectiveness of the program's management.

The CM Program's process evaluation efforts are dynamic and continue to evolve. Local CM coordinators must provide an annual action plan and timeline for all planned activities, and are required to submit semi-annual Program Activity Reports (PAR forms) documenting their risk and protective-factor-based activities.

In 1996, CTED contracted with Developmental Research and Programs Inc. (DRP) to conduct a comprehensive evaluation of the CM Program. A long-term process and outcome evaluation plan was developed and implemented. The evaluation was completed in 2001.[14]

Two distinct process evaluation efforts were implemented. During 1996-1998, basic information on program operations was gathered. Then, a network analysis specifically investigating the community mobilizing functions of the local CM projects was conducted in 1999-2001.[15]

1996 - 1999: PROGRAM OPERATIONS

It was found that CM projects were well integrated within the county-level prevention community. They often proved to be at the center of their county's prevention services. CM project activities routinely incorporated high levels of volunteer efforts from other county-level organizations and provided substantial help to other prevention agencies. They played a significant and visible role in county organizational networks. Evaluation activities had a broad audience beyond the CM staff and contractors. There were multiple stakeholders in CM evaluation projects. In addition, it was found that CM programs were heavily customized and tailored to fit their unique local setting and served a broad cross-section of Washington's adults and children.

Many CM programs conducted activities that were inherently difficult to evaluate. This aspect of programming was not fully appreciated at the start of the evaluation process. CM contractors operated on shoestring budgets. These limited budgets made it difficult for CM contractors to build sustainable and lasting programs.

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[14] Developmental Research and Programs, Inc., *Community Mobilization Evaluation, 2001 Final Report,* Channing L. Bete Co., Inc., 2001, p. 2.

[15] Developmental Research and Programs, Inc., *The Role Community Mobilization Programs Play Supporting County-Wide Efforts to Prevent Alcohol, Tobacco, Other Drug Use, and Violence,* Channing L. Bete Co., Inc., p. 9.

1999 - 2001: THE NETWORK ANALYSIS[6]

In 2000-2001, CM county prevention efforts were quantitatively measured using a research method called "network analysis." The central role played by CM in the countywide prevention process was examined.

Successful community-based prevention programs build upon a variety of organizational efforts. They depend on the community's commitment to values and attitudes consistent with a drug- and violence-free environment. Effectively changing community attitudes and norms requires local leaders to organize prevention efforts. Local leadership has more community influence, and it helps to ensure that prevention efforts are culturally appropriate and effective. Prevention cannot be imposed from the outside—it must be led from inside the community to be effective.[7]

THE COMMUNITY PREVENTION INFRASTRUCTURE

The CM Program specifically addresses the need for communities to develop a locally based "community prevention infrastructure" (CPI) that supports a vigorous and coordinated prevention effort, reaching all segments of the community. This CPI is the natural outgrowth of a healthy community mobilization process. Some CM contractors dedicate all their resources to the development and nurturance of the local community mobilization process. These contractors do not provide any direct services to county residents—they are committed to reducing substance abuse and violence in the communities by strengthening their local CPI. An effective CPI supports prevention programs through a number of concrete methods:

- Helping local prevention organizations identify at-risk populations.
- Introducing new prevention organizations to important community leaders/gatekeepers.
- Helping prevention organizations accurately assess county resources and levels of service, and helping reduce duplication of efforts.
- Assisting new programs in identifying effective prevention activities.
- Educating community members on the risk and protective factor prevention model.

ASPECTS OF NETWORK ANALYSIS

Three characteristics of the social network comprised of prevention related organizations in each county were investigated: *density*, *organizational centrality*, and *clique membership*. Results from each of the core survey items were analyzed to assess each of these characteristics (which are described below). All three characteristics provide information on the relative strength of the network as a whole, and on the involvement and importance of the CM organization within the prevention network.

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[6] Developmental Research and Programs, Inc., *The Role Community Mobilization Programs Play Supporting County-Wide Efforts to Prevent Alcohol, Tobacco, Other Drug Use, and Violence,* Channing L. Bete Co., Inc., 2001.
[7] Developmental Research and Programs, Inc., *Community Mobilization Evaluation, 2001 Final Report,* Channing L. Bete Co., Inc., 2001, p. 31.

RESULTS

Density Analysis

Density is a measure of the number of connections one organization has with other organizations. Results indicated that CM organizations were consistently rated higher on the density measure than the average prevention organization. The density measurement for the CM organizations that participated was 76 percent. This means that CM programs were recognized by three-fourths of the respondents, which is significantly higher than was found for the average prevention organization in the counties. Conclusion: CM organizations play a significant and visible role in the county prevention network.

Organizational Centrality

Organizational centrality measures the relationship between CM contractors and other agencies within the community. It calculates the number of direct interconnections (or links) that an organization provides between other organizations. This measure is particularly sensitive to organizational operations that typically link different players within the prevention infrastructure. CM contractors measured average, or above average, when compared to other prevention organizations within their respective or any given county.

The centrality measure also captures events where an agency serves as an indirect link between two other organizations. In this case, it was clear that CM played a role in linking up organizations or in brokering services.

Clique Membership

Cliques are groups of organizations that share a dense volume of contacts among themselves. Results of the clique analyses mirror those of centrality analyses. The level of inter-connectedness is inversely related to the intensity of the involvement. CM contractors were as involved, or more involved, than the average county prevention organization, as measured by the number of clique memberships.

SUMMARY AND DISCUSSION

The results of this analysis indicate that county-level CM contractors played a prominent role in county-level prevention. Analysis results were favorable for the CM projects in each of the network analyses: density, organizational centrality, and clique membership. Favorable CM findings were consistently reported at the varying levels of coordination among county-level prevention organizations. These results confirm that at the county level, CM contractors play an important role in the development and support of the county-level prevention infrastructure. CM maintains a very visible profile, one that stands above other county-level prevention organizations.[8]

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[8] Developmental Research and Programs, Inc., *The Role Community Mobilization Programs Play Supporting County-Wide Efforts to Prevent Alcohol, Tobacco, Other Drug Use, and Violence,* Channing L. Bete Co., Inc. p. 15.

THE PROGRAM ACTIVITY REPORT (PAR)

The Program Activity Report (PAR) was developed in cooperation with the Division of Alcohol and Substance Abuse (DASA). Each year the annual report includes PAR data. Formerly, the PAR was a paper document and PAR data was scanned with an optical mark scanner. During 2001-2002, PAR went online; and in the summer of the same year, training was provided to CM contractors. Program Activity Reports for each service, program, or project are submitted semi-annually.

PAR HIGHLIGHTS FROM THE 2001 - 2002 PROGRAM YEAR

- 213,853 participants were provided with 89,907 direct hours of service in 34,549 distinct sessions.
- Contractors spent a total of 74,067 hours in preparation to provide these services.
- CM successfully reaches members of various ethnic groups within their communities.
- 43 percent of the participants served in ongoing programs were ages 10 through 18.
- Three of the four most commonly selected risk and protective factors were from the community domain.
- Schools made 41 percent of the referrals to CM programs.
- CM programs leveraged $1,591,621 in match across the state.

PAR HIGHLIGHTS FROM THE 2002 - 2003 PROGRAM YEAR

In 2002-03, 512 Program Activity Reports were submitted online. The following demographic summaries have been generated from the PAR reports for 2002-03.

Unduplicated Participant Count

During the year, 262,290 persons were served in 32,423 separate program sessions—approximately eight persons per session. Sessions included continuing programs, projects, and one-time, large events.

Unduplicated Participants
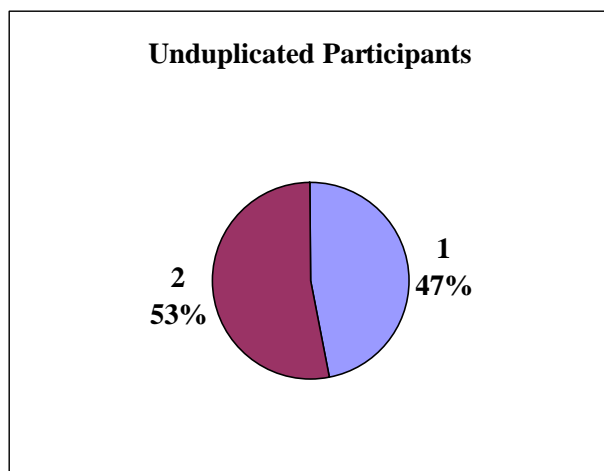
1. **122,181 new participants were involved in CM activities. (47%)**

2. **Another 140,109 participants were reached at large events. (53%)**

In addition to serving over a quarter million people in programs and large events, 813,010 pieces of Community Mobilization Substance Abuse and Violence Prevention literature were distributed in 2003 (compared to 337,210 pieces of literature in 2002). Further, it is estimated that 2,024,984 people were exposed to CM media campaigns (compared to 864,186 people in 2002). Clearly, the figures for 2003 indicate dramatic growth in media outreach by Community Mobilization.

Literature Distributed,
2002 & 2003

- 2002 = 337,210
- 2003 = 813,010

People Exposed to Media Campaign,
2002 & 2003

- 2002 = 864,186
- 2003 = 2,024,984
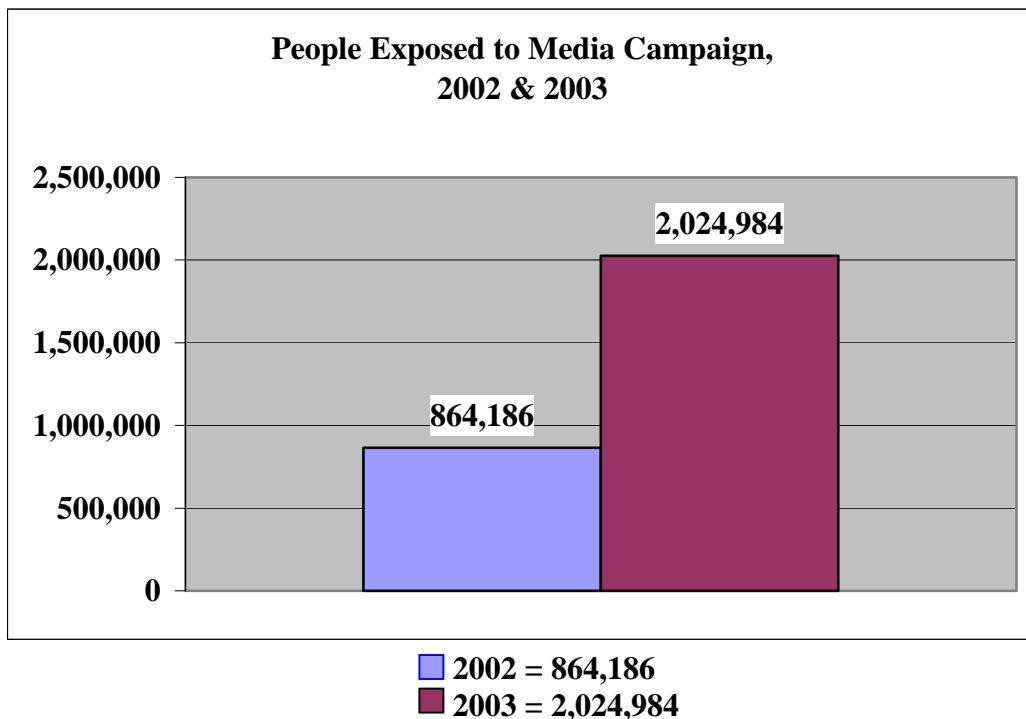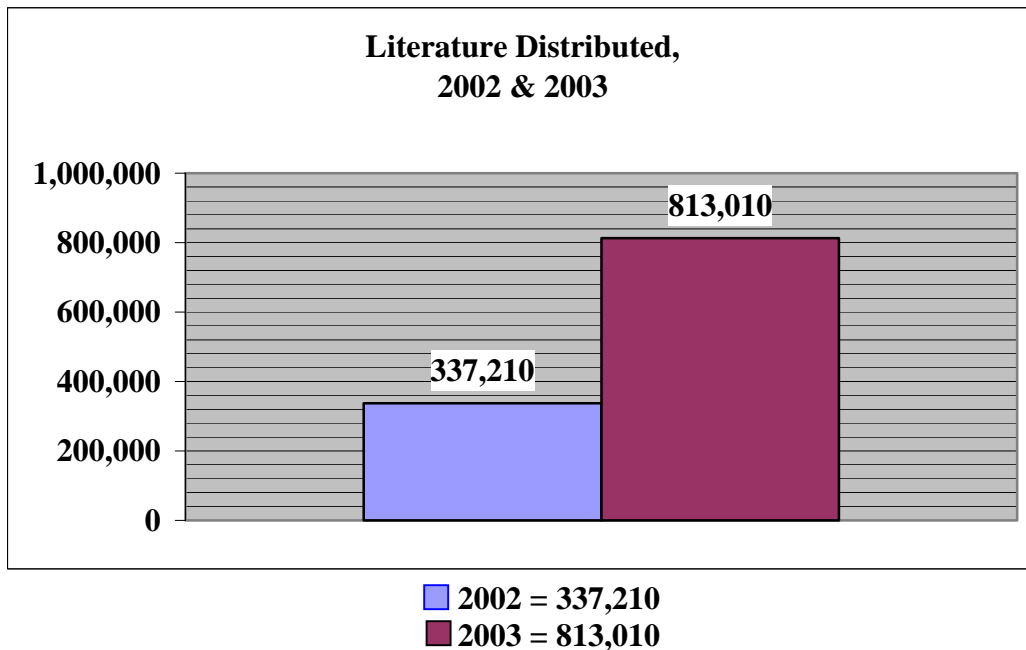
Ethnic Groups Served by CM Programs

CM strives to serve the diverse population of Washington State. The two graphs below suggest that CM is successful in reaching members of minority ethnic groups in the state.

Minority Ethnicity: CM - State
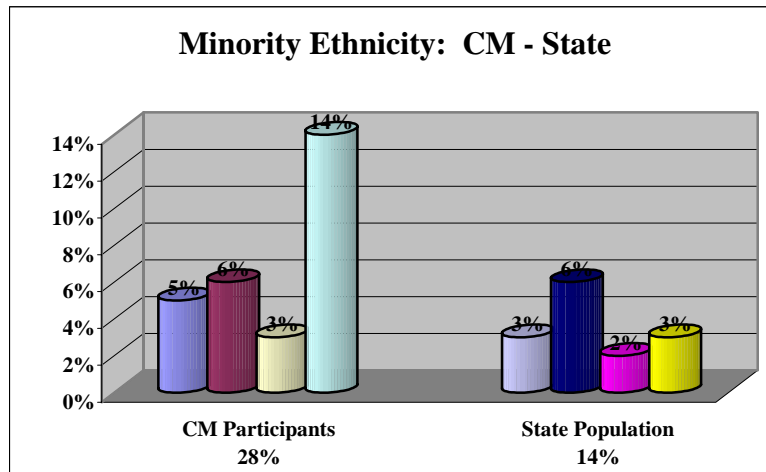
The four cones on the left indicate that 28% of the participants of CM programs fall into one of four demographic categories used to classify people's ethnic heritage:

- African Americans (5%)
- Asians, Asian Americans, and Pacific Islanders (6%)
- American Indians and Alaskan Natives (3%)
- People of multiple ancestry (14%)

As can be seen on the right side of the graph, for the state as a whole these same categories comprise only 14% of Washington State's population:

- 3% African American
- 6% Asians, Asian Americans, and Pacific Islanders
- 2% American Indians and Alaskan Natives
- 3% people of multiple ancestry.

In addition, eleven percent of the participants of CM programs are of Hispanic or Latino/Latina heritage. This same group comprises only slightly more than 8% of Washington State's total population.

Gender and Community Mobilization Programs

Gender: CM - State
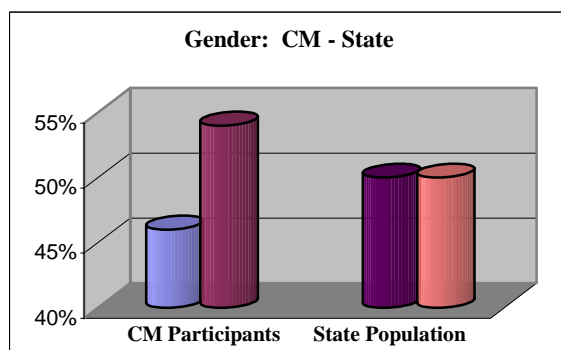
1. **Gender participation: 54/46 Female to Male**
2. **Gender ratio: 50/50**

The population of males and females in Washington State is almost a 50/50 ratio, (there are approximately 20,000 more females in the state than males).   Considerably more females than males participate in CM programs (a 54/46 ratio).

Age of Program Participants

Age of Participants

Legend:
- 1
- 2
- 3
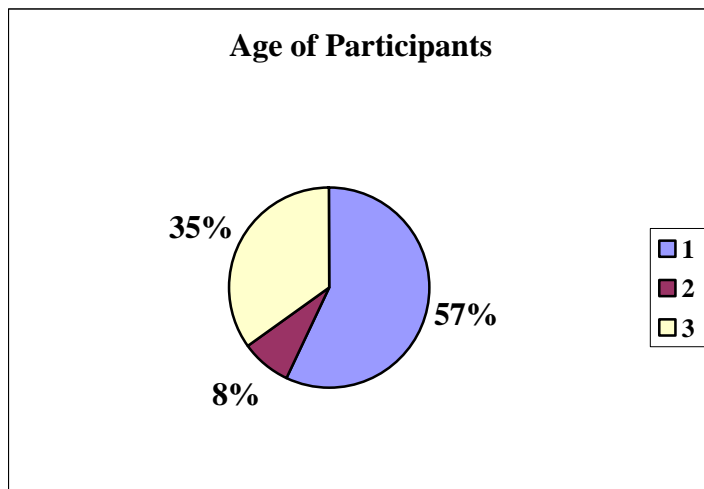
1. **Children and Youth (0-18 years)**
2. **Young Adults (19-25 years)**
3. **Adults (25 years and older)**

Pie chart values: 57%, 8%, 35%

Children and youth up to eighteen years of age comprise 57% of the participants of Community Mobilization programs, while adults ages nineteen-years and older make up 43% of the participants.

Families and Community Mobilization

Who Received Services

Legend:
- 1
- 2
- 3
- 4
- 5
- 6
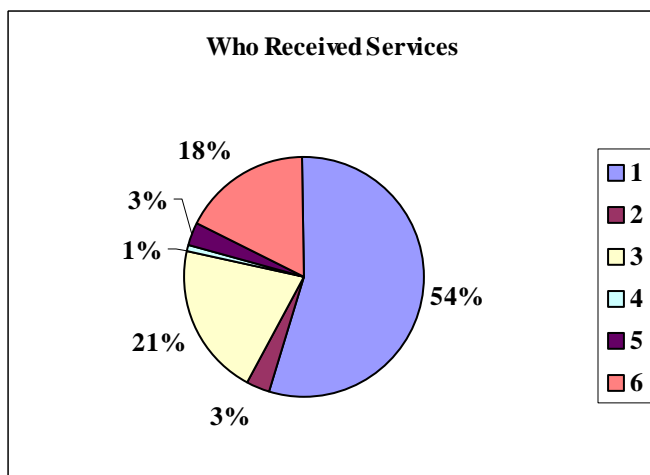
1. **Youth in School (54%)**
2. **Youth Not in School (3%)**
3. **Parents or Guardians (21%)**
4. **Law Enforcement Officials (1%)**
5. **Teachers/ School Personnel (3%)**
6. **Other Community Members (18%)**

Pie chart values: 18%, 3%, 1%, 21%, 3%, 54%

From the graph above, it is clear that Community Mobilization programs are directed towards serving families, with 78% of the programs being provided to youth, parents, and guardians.

Referral Sources
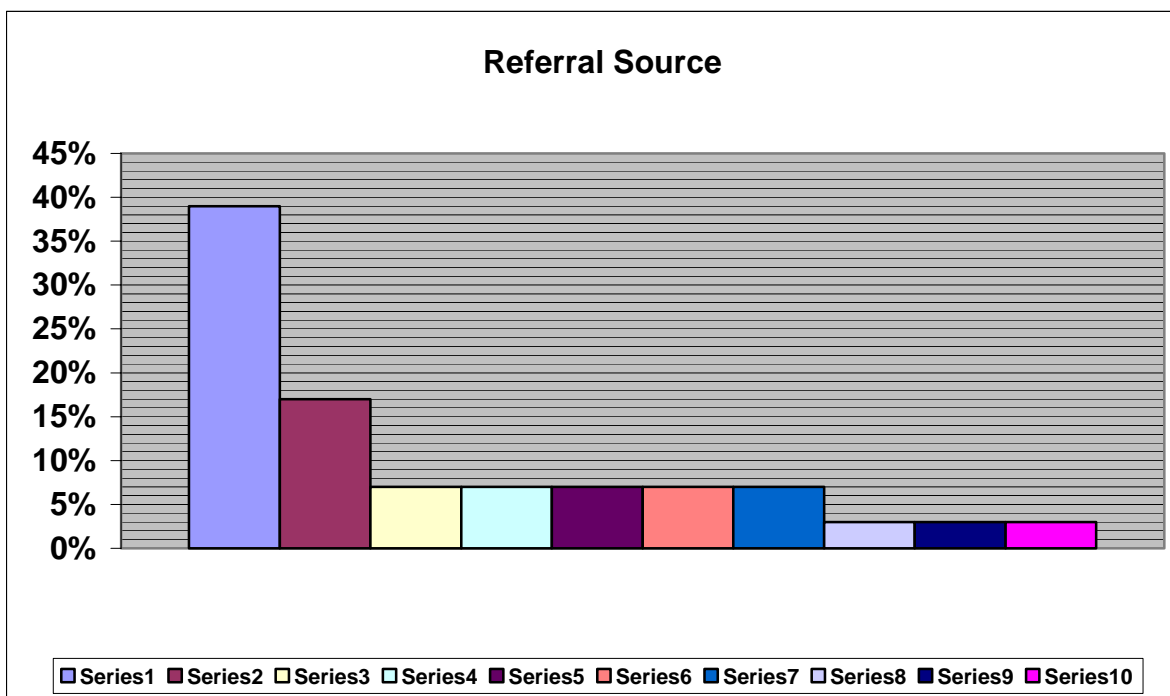
Referral Source

1. Schools (39%)
2. Invitation (17%)
3. Tribes (7%)
4. Law Enforcement/Juvenile Justice (7%)
5. Health Provider/Health Services (7%)
6. Social Services (7%)
7. Friends (7%)
8. Advertising (7%)
9. Community Professionals (3%)
10. Faith Community, Business, & Other (3%)

As the graph above indicates, schools provide the greatest number of referrals to Community Mobilization programs at 39%. Tribes, Law Enforcement, Health Providers, Social Services, Friends, and Advertising together bring in another 49%.

Funding Sources

Funding Sources
(per list at right of chart)
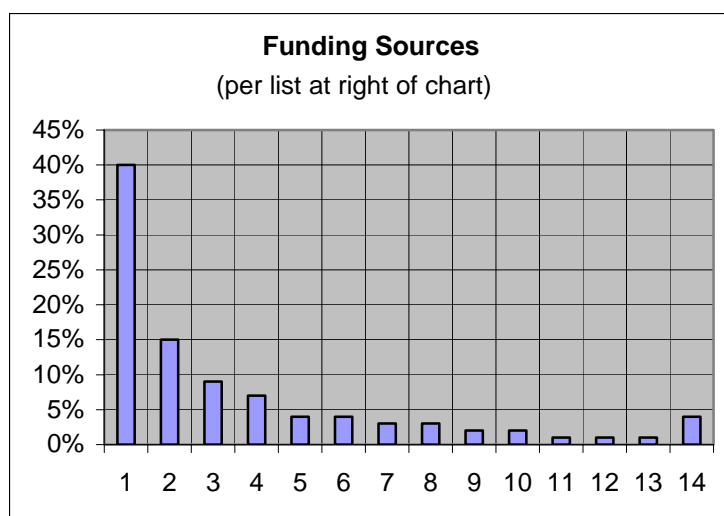
1. CM Project (40%)
2. CM Subcontractor (15%)
3. School District (9%)
4. Non-Profit, Private Organization (7%)
5. City/County Government (4%)
6. DASA (4%)
7. Federal Agencies (3%)
8. Private Business (3%)
9. Law Enforcement/Juvenile Justice (2%)
10. Other Government Social Service (2%)
11. Tribes (1%)
12. Service/Civic Organization (1%)
13. Non-Affiliated Individual (1%)
14. Other (4%)

Fifty-five percent of CM program funding is derived directly from Community Mobilization and from local CM contractors. School districts (9%) and non-profit private organizations (7%) account for 16% of CM program funding.

Risk and Protective Factors

CM contractors are required to indicate which risk or protective factor is primary to the reported program activity. The data indicates that a majority of programs target only a handful of the thirty-two primary risk or protective factors. Many risk or protective factors are rarely targeted.

Risk & Protective Factors
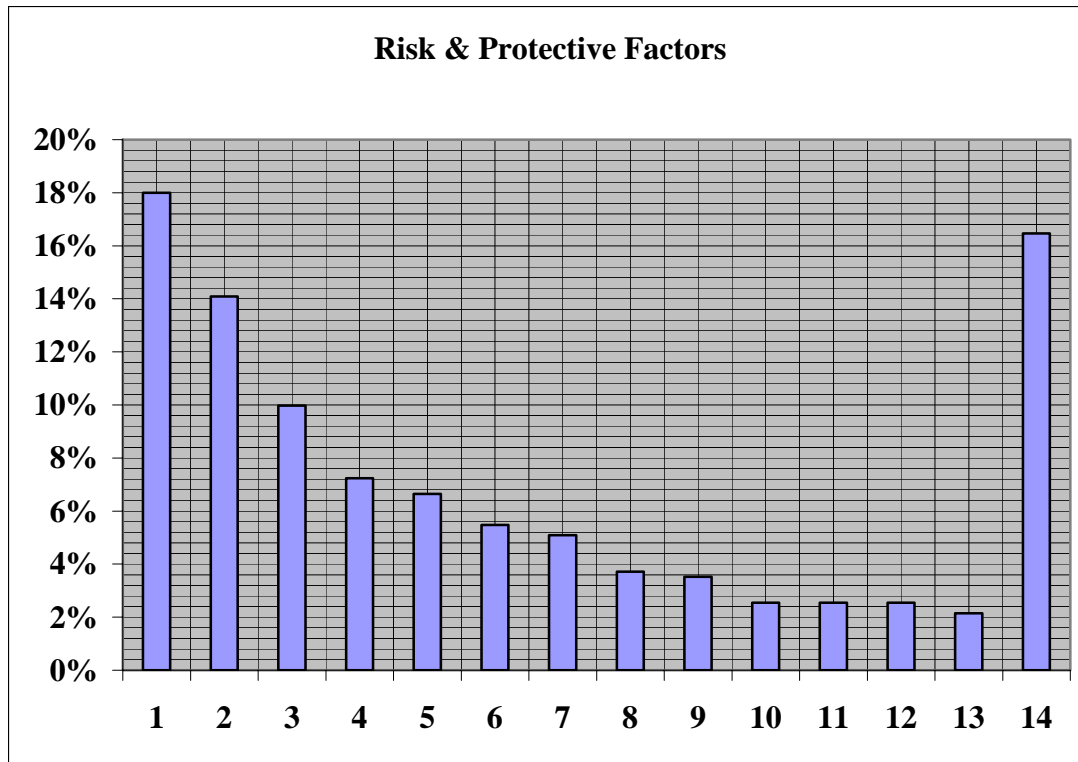
Risk Or Protective Factors Most Targeted By Program Activity
(In Order Of Highest Frequency)

1. Community Laws and Norms Favorable Toward Drug Use, Firearms & Crime (18%)
2. Low Neighborhood Attachment and Community Disorganization (14%)
3. Organizing Activities (10%)
4. Early Initiation of the Problem Behavior (7%)
5. Family Management Problems (7%)
6. Community Opportunities for Prosocial Involvement (5%)
7. Availability of Drugs (5%)
8. Lack of Commitment to School (4%)
9. Healthy Beliefs and Clear Standards (4%)
10. Early and Persistent Antisocial Behavior (3%)
11. Academic Failure (3%)
12. Favorable Attitudes Toward the Problem Behavior (3%)
13. Family Conflict (2%)
14. Remaining 19 Risk or Protective Factors (16%)

During 2003, just five Risk or Protective factors accounted for 56 percent of the primary factors addressed in CM programs.

- Community Laws and Norms Favorable Toward Drug Use, Firearms & Crime (18%)
- Low Neighborhood Attachment & Community Disorganization (14%)
- Organizing Activities (10%)
- Early Initiation of the Problem Behavior (7%)
- Family Management Problems (7%)

Conversely, five Risk or Protective factors together accounted for less than one percent of the primary factors reported in the Program Activity Reports.

- Transitions and Mobility (1 out of 512)
- Bonding: Family Attachment (1 out of 512)
- Constitutional Factors (1 out of 512)
- Availability of Firearms (1 out of 512)
- Media Portrayals of Violence (Zero)

Risk Factors Emphasized Over Protective Factors

The graph below indicates that in 2003 Community Mobilization programs targeted risk factors over protective factors by a 70/30 ratio for primary program activity.
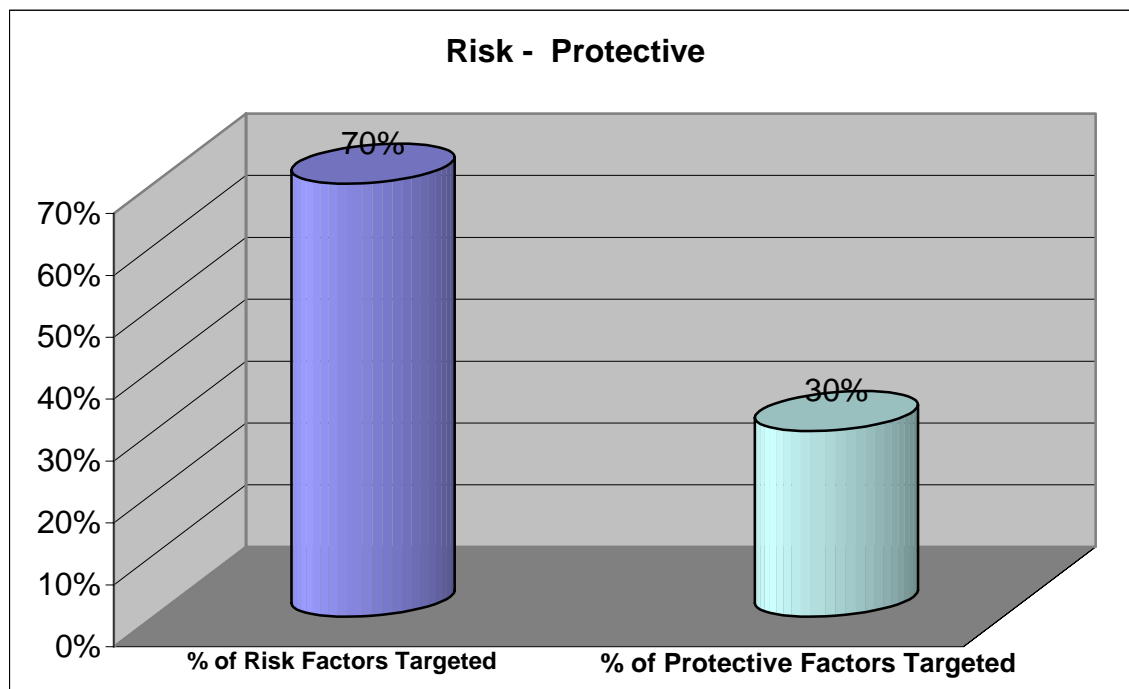
Herculean Labors

Community Mobilization is staffed by a cadre of dedicated, community-serving citizens. Not counting the contributions of state-level staff, the 2003 PAR data indicate that 97,340 direct service hours and 54,887 indirect service hours were needed to staff Community Mobilization programs, projects and events. Translated into more human terms, the labors of local CM staff members in 2003 equals the labor of one person working eight-hour shifts every day of the year for over fifty-two years.

THE FOUNDATION OF CM'S PAST OUTCOME EVALUATION EFFORTS

Outcome evaluation focuses upon what happens as a result of a program or activity. The analysis can examine what has resulted at a specific point during the program, at program completion, or some period of time after the program has ended. Outcome evaluations answer questions, such as: "What happened as a result of the program after a certain time?" "What would have happened if the program had not been available?" or "What impacts did the program have upon a system?"

The CM Program continues to build on its outcome evaluation efforts. In their applications for funding, local CM coordinators are asked to identify their desired outcomes, methods of measuring those outcomes, and the timing of the measurements. To date, CM has taken several steps to bring the state and local CM programs to full implementation of an outcome evaluation methodology that is built into the program's day-to-day functioning. The following pages will describe CM's past and current efforts in this direction.

1998 - 2001: PILOT EVALUATIONS

1. The development of a "CM evaluation model" preceded the implementation of a formal outcome evaluation effort statewide[19]. Earlier efforts had thoroughly investigated CM operations at the county level. Some CM projects encountered difficulties in measuring program outcomes, due to the lack of a local capacity to develop appropriate research designs and the ability to conduct statistical analyses needed for proper outcome evaluation. In response to these concerns, CTED contracted with Developmental Research and Programs (DRP) in the 1998—2000 biennium to develop and implement an outcome-based evaluation among all CM projects. To accomplish this, CTED employed a plan of action that included a seven-site outcome evaluation pilot study, contractor trainings, and ongoing technical assistance to all CM projects.

Key Lessons Learned in the 1998 - 1999 Pilot Evaluations

- High quality outcome evaluation was possible within the context of a county-level CM effort. Measurement instruments specifically tailored to each site's evaluation needs either already existed or were being fine-tuned. (Measurement-instruments that were developed as a result of the pilot projects were a successful by-product of the effort. These instruments proved useful in continuing evaluation efforts for the pilot programs and were shared with CM programs statewide.)
- Adequate research designs had been developed for most CM sites.
- The CM sites, without sustained oversight from the state, often did not initiate and sustain the expense and resources needed to conduct their evaluation efforts.

Outcome evaluation efforts were initiated at most CM sites in the 1999-2000-program year. By year's end, a total of 12 projects reached a stage of completion that supported an individual report on the evaluation's findings. These reports included a short description of the program, the methods of the evaluation, and the findings.

Key Lessons Learned in the 1999 - 2000 Outcome Evaluations

- The number of participants in the evaluation tended to be smaller than expected.
- It is often difficult to maintain the fidelity of the original program model in the ongoing day-to-day program environment.

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[19] Developmental Research and Programs, Inc., *Community Mobilization Evaluation, 2001 Final Report,* Channing L. Bete Co., Inc., 2001, p. 50.

- The most technical evaluation activities (e.g., statistical analysis) will always require outside support.
- Maintaining a control group in the typical county prevention environment is very difficult to do.

2001 - 2003: QUALITATIVE AND OUTCOME EVALUATIONS

Qualitative Evaluation[20]

In 2000-2001, it was determined that CTED would shift away from using a contracted evaluation expert (DRP). In June 2001, CTED hired a full-time evaluator on staff. The evaluator's job was to oversee the continuing development and implementation of the CM Program's statewide comprehensive qualitative and quantitative evaluation efforts.

The new program evaluator began a qualitative evaluation of the CM programs using in-depth interviewing techniques. From September through December 2001, a total of 163 CM stakeholders were interviewed in thirty-nine counties. The interviews focused on:
- The context for how CM programs functioned within the community's economic, social and political environment.
- How CM programs operated, including how they were planned and implemented.
- The short- and long-term outcomes of CM projects for participants and communities.

The Social Development Model

CM has adopted the social development model and the *Communities That Care*® substance abuse and prevention strategy of Hawkins, Catalano, and Associates. The model integrates four major social development theories: Control, Differential Association, Social Learning, and Social Disorganization.

Empirical studies have shown the *Communities That Care*® strategy to be effective in lowering substance abuse and violence rates[21]. Local CM contractors use the social development model to assess their current substance abuse and violence issues, and to design strategies that reduce the risk of young people becoming involved in these negative behaviors, while enhancing those factors that protect them from exhibiting the behavior.

Qualitative Evaluation Findings

By examining such issues as the program's adherence to the CTC Social Development Model, program sustainability, and the relationship of program services to the Collaborative Needs Assessment, the evaluation found that 93 percent of the programs were effectively implemented and successful in preventing substance abuse and violence[22]. It provided additional evidence that CM's use of the social development model is successful in lessening the human costs associated with substance abuse and violence, and is therefore a good use of public resources.

Outcome Evaluation

During the 2002 - 2003-contract year, all of the 37 CM contractors completed a Community Mobilization Scorecard to evaluate the effectiveness of their CM Boards/Coalitions, in four areas:

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[20] Daniel M. Amos, Ph.D., *Community Mobilization in Washington State: Preliminary Evaluation Findings.* Department of Community, Trade and Economic Development, Olympia, WA, 2002.

[21] J. David Hawkins, Ph.D. and Richard F. Catalano, Ph.D., *Communities That Care. Jossey-Bass Publisher, San Francisco, CA, 1993*.

[22] Daniel M. Amos, Ph.D., *Community Mobilization Prevention Strategies and Outcomes: An Evaluation*. Department of Community, Trade and Economic Development, Olympia, WA, 2003.

- Sense of Community.

- Mobilization Capacity.

- Readiness for Focused Action – mobilizing people in the community who are active in substance abuse and violence prevention.

- Conflict Resolution.

In addition, three evaluation tools were identified for use in providing statewide CM program data. Each county selected one of the following evaluation tools to evaluate the effectiveness of programs in one of three areas:

- A family tension survey for evaluating program effectiveness in the family domain.

- A rebelliousness/depression survey for measuring program effectiveness in the individual domain.

- Focus groups for analyzing the effectiveness of programs in the school domain.

Data from the two surveys were separately aggregated to develop statewide analyses of the effectiveness of CM programs in the Family and Individual domains. Data from focus groups across the state were used to evaluate the effectiveness of CM-sponsored school programs. The findings of Community Mobilization's 2002 - 2003 outcome evaluation of the baseline data appear in detail in a separate section of this report.

FUTURE EVALUATION EFFORTS

CTED staff continue to work closely with the CM Advisory Committee and the local CM coordinators to determine the future direction of the program's evaluation efforts. Current recommendations of the Evaluation Subcommittee are to:

1. Continue using the existing combination of evaluation methods (CM Scorecard, surveys, and focus groups, as described above) in order to develop trend data across the state and for the individual counties.

2. Explore the Performance-Based Prevention System (PBPS), a computerized management information system designed to record and analyze data collected primarily on individual recipients of prevention services. CM is in the process of working with the CM contractors to assess whether the PBPS would both be practical in its local application and provide useful information regarding the efficacy of CM prevention approaches.

2002 – 2003 EVALUATION OF
COMMUNITY MOBILIZATION AGAINST SUBSTANCE ABUSE

I.   SUMMARY OF EVALUATION RESULTS

Community Mobilization Against Substance Abuse and Violence (CM), established by the State Legislature in 1989, has active community coalitions serving all thirty-nine counties in Washington. This program provides a statewide structure for coalition building that organizes and supports collaborative, community-based efforts to reduce substance abuse and violence in communities across Washington State.

In 2002, Community Mobilization implemented a new, ongoing, statewide evaluation process for all CM programs. This evaluation process will be repeated during each budget cycle. It will help each local CM coalition evaluate the effectiveness of their efforts, and provide them with the specific information to make improvements in local programs. At the state level, it will provide state program managers and policy makers with information about the statewide outcomes for the CM model and will help identify target areas for program improvement.

The results from the first year's evaluation are impressive, and document the positive impact that CM programs are having in communities all across the state.

- The Scorecard Survey is used to evaluate how successfully community coalitions are functioning. A score of 75 percent is considered good, and Community Mobilization programs averaged a very good score of 79 percent for the 19 survey criteria. This indicates that CM is very effective in mobilizing communities to deal with substance abuse and violence.
  - Mobilization effort has sustained leadership (Average: 84%)
  - Participants know how to mobilize the community (Average: 86%)

- The Family Tension Survey was used to measure the effectiveness of local CM programs that work with families to reduce family conflict and improve family functioning.
  - The largest group surveyed demonstrated extremely positive results in the evaluation. Participants' positive responses rose from 40 percent in the pre-test to 81 percent during the post-test survey. Negative responses declined from 60 percent in the pre-test to 19 percent in the post-test. These results are statistically significant, showing that the program had a measurable impact in improving family functioning and reducing conflict.

- A total of 1,793 respondents in 12 counties completed the Individual Domain Survey, which is used to evaluate the behavioral outcomes for individual program participants in grades 6 – 12.
  - The frequency of rebelliousness responses declined from the pre-test to post-test surveys for program participants.

II. 2002 - 2003 PROCESS AND SURVEY INSTRUMENTS USED

CM has adopted the social development model and the *Communities That Care*® (CTC) substance abuse and prevention strategy of Hawkins, Catalano, and Associates. Local CM contractors use the social development model to assess their current substance abuse and violence issues; and to design strategies that reduce the incidence of young people becoming involved in these negative behaviors, while enhancing those factors that protect them from the behavior. The CTC model approaches community prevention activities within four domains: community, individual, family, and school.

A. Community Mobilization Scorecard

In collaboration with county substance abuse and violence prevention coordinators from all of Washington's 37 county-level programs, every county completed a Community Mobilization Scorecard. The scorecard was originally developed by the Center for Substance Abuse Prevention in 1997 to measure the local sense of community, mobilization capacity, and readiness for focused action. Two items from the King County Coalition Assessment Tool were added to the scorecard to measure conflict resolution among community members active in prevention. In all 37 county-level programs, local evaluators interviewed core board members from local government, law enforcement, the local treatment community, schools, and other community sectors. For the CM Scorecard evaluation, 290 people (almost eight people for each county) were interviewed.

The 19-item CM Scorecard includes items that measure sense of membership, sense of mutual importance, shared worldviews, bonding/networking, mutual responsibility to the community, sustained leadership, formalization of organization, rewards and incentives for participation, internal and external communication, community organization know-how, behind-the-scenes support, clarity of goals, feasibility of community plans, capabilities and resources, citizen participation and control, passion for immediate action, team functioning, formal mechanisms for conflict resolution, and community accountability.

To measure the objectivity of the local CM Scorecard evaluations, the state evaluator for CM randomly selected ten counties in which to do a follow-up study. The ten counties knew in early December 2002, weeks before they turned in their CM Scorecard, that their scores were going to be independently evaluated by the CTED Community Mobilization evaluator. The evaluator used the same tool and interviewed the same people involved to complete their scorecards.

The maximum possible score on the CM Scorecard is 76 points (20 points for Sense of Community, 24 points for Mobilization Capacity, 24 points for Readiness for Focused Action, and 8 points for Conflict Resolution). For 2002 – 2003, the average self-survey score for the 37 programs was 60.08 points, or 79 percent of the maximum score. Interestingly, the ten counties randomly chosen for additional evaluations by the state evaluator ranked themselves higher (85 percent) than the 27 counties not chosen (77 percent). This surprising result counters the assumption that self-evaluations tend to produce lower scores under the "threat" of additional outside evaluation, and lends credibility to CM's self-evaluation process in this domain.

In terms of the four categories of Community Mobilization found in the scorecard, the two categories that ranked the highest in the statewide self-evaluations were Sense of Community,

and Mobilization Capacity (both at 81 percent). Conflict Resolution ranked third at 77 percent, and Readiness for Focused Action was the lowest ranked category at 76 percent.

Of the 19 items in the scorecard, Item 10—"Participants have the organizational know-how to mobilize the community," and Item 11—"The mobilization effort has behind-the-scenes support" both ranked the highest at 86 percent. Item 6—"The mobilization effort is guided by sustained leadership" elicited the third best response at 84 percent.

At 69 percent, Item 15—"There is broad-based citizen participation in the effort, including those most affected by the proposed changes" ranked the lowest of the 19 survey items. Item 9—"Active members communicate with each other and the media to share information," with a score of 72 percent, was the second lowest. The third lowest score, at 75 percent, was "The community mobilization effort has a specific set of goals and associated timeline."

B. The Family Tension Survey

The Family Tension Survey included 352 respondents from six Washington State counties. A group from the Psychology Department of the State University of New York at Stony Brook developed the Family Tension Survey. The survey is based on a rating scale of 1-10 and is meant to provide a measure of the tension within a family. Respondents were instructed that there were no right or wrong answers, and that the survey was designed to find out how they would rate the mood of their family.

"High tension" in the family had the following description:

- Family conversations and communications seem difficult and strained.
- Family members are "on edge" and impatient with each other.
- Overall family mood is negative, hostile, and not agreeable.

"Low tension" in the family had the following description:

- Family conversations and communications are open and positive.
- Family members are peaceful and friendly.
- Overall family mood is warm, affectionate, humorous, and optimistic.

Those administering the survey to children were asked to explain the terms for "high tension" and "low tension" in age-appropriate language. The survey was administered in a pre/post-test format.

Survey Limitations

Pre/post-test designs are not as powerful as random comparison experimental designs and make it more difficult to determine if a program has caused change. Sample selection was not made randomly; instead, county-level CM coordinators were permitted to pick the groups surveyed. Control groups were not used in an evaluation of this sort because it is difficult for local counties to gain access to families not served by CM prevention programs.

While there were limitations to the evaluation protocol, survey results from the largest county survey were highly favorable. Analysis of the largest county sample of 109 respondents indicates that this county's family program had strongly positive outcomes. This can be seen below.

In the County Pre-Test

- The low-tension responses (choices 1-5) equal about 40 percent of the responses (.397).
- The high-tension responses (6-10) equal approximately 60 percent (.603).
- 17 percent chose the two highest tension choices (9-10).

In the County Post-Test

- The low-tension responses (choices 1-5) equal 81 percent of the total responses (.808).
- The high-tension responses (6-10) equal 19 percent (.192).
- No respondent chose the two highest tension choices (9-10).

A likelihood ratio chi-square probability of .05 (or less) is commonly interpreted by social scientists as justification for rejecting the null hypothesis (that there is no association between the program and the measured outcome). That is, for statistical evidence to be considered significant, there must be no better than one chance in twenty that the association is by chance. The likelihood ratio chi-square probability for the county sample above is less than .0001. This indicates that there is less than one possibility in 10,000 that the county's favorable survey results are the result of chance.

Family Tension, Largest Co. Sample

Pre-Test and Post Test
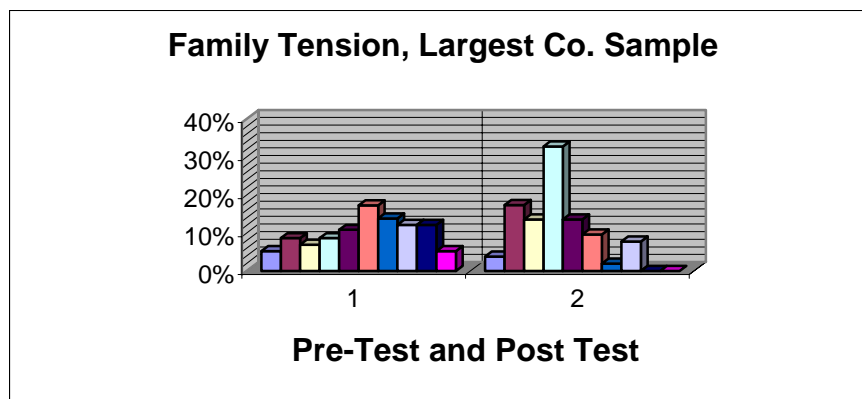
Post-test results show decreased family tension.

State Family Tension Survey

The post-test for the family tension survey in the state sample had a likelihood ratio chi-square of .0476 for the frequency of the row percentages (choices 1-10), better than the likelihood ratio chi-square probability of .05 that is commonly interpreted as justification for rejecting the null hypothesis. However, the change in the pre/post-test response distribution in the state sample is much less favorable than the largest county sample.

Aggregate State Family Tension Pre-Test

Low to High

Aggregate State Family Tension Post-Test

Low to High
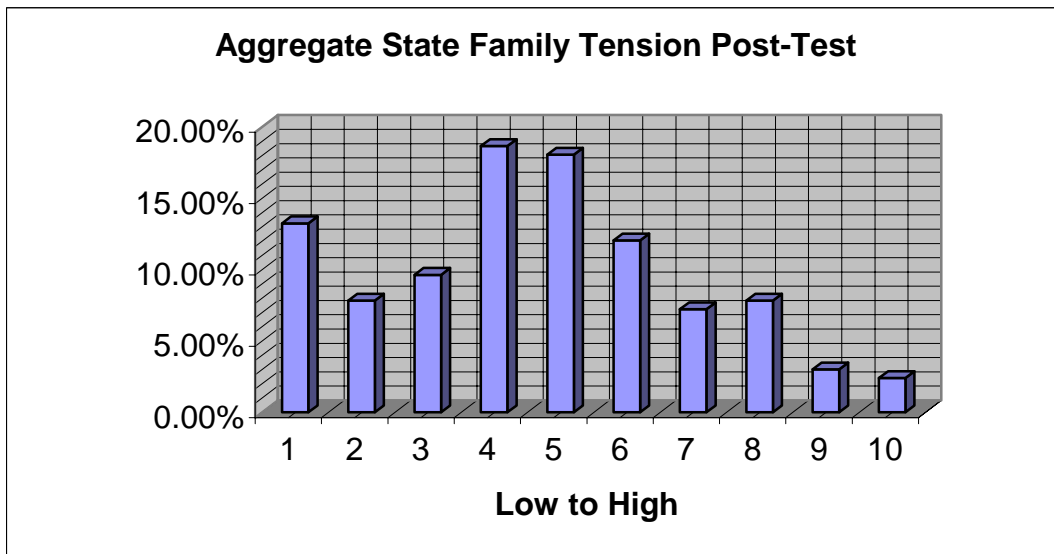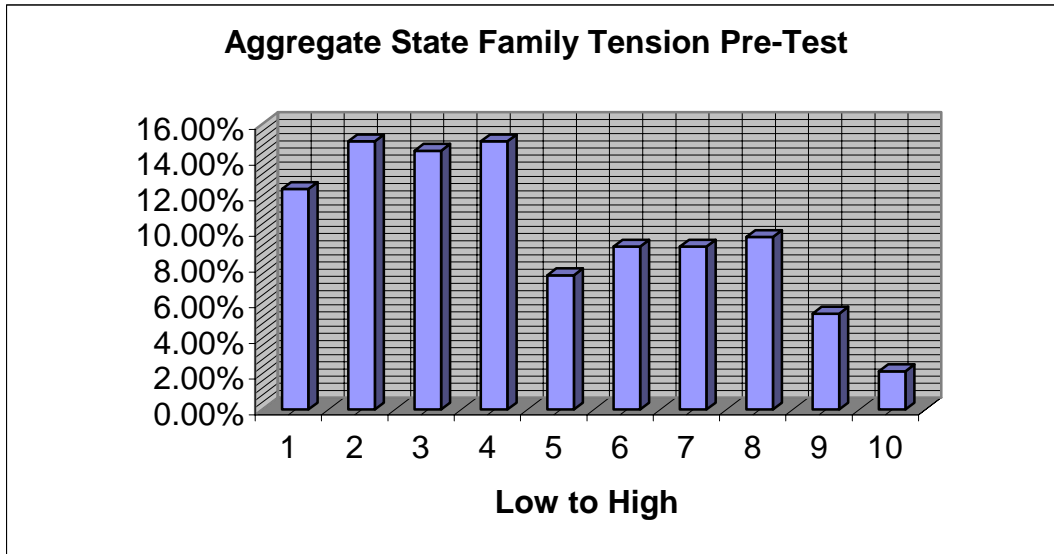
The above two charts show that the change in the pre-post test response for the state sample is much less favorable than that for the largest county sample.

If the state sample is aggregated into low-tension choices (1-5) and high-tension choices (6-10), in the pre-test, 64.5 percent rated the level of tension in their family as low. Sixty-eight percent chose a low-tension rating in the post-test. This can be seen in the charts below. The aggregation, while appearing positive, is not statistically significant, having a likelihood ratio chi-square probability of .507.

Aggregate State Family Tension Pre-Test

	1	2
Series1	64.52%	35.48%

Low & High Tension
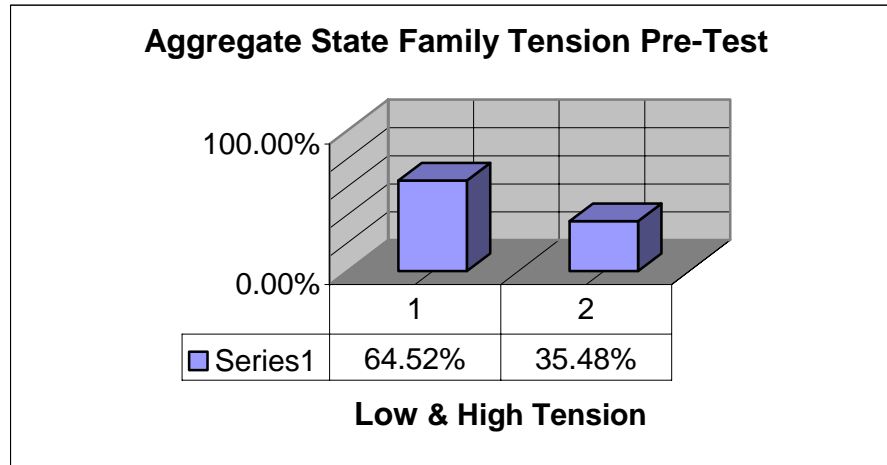
Bar number one indicates that at pre-test 64.5% of participants statewide felt their families were in a state of low tension.

Aggregate State Family Tension Post-Test

	1	2
Series1	67.86%	32.14%

Low & High Tension
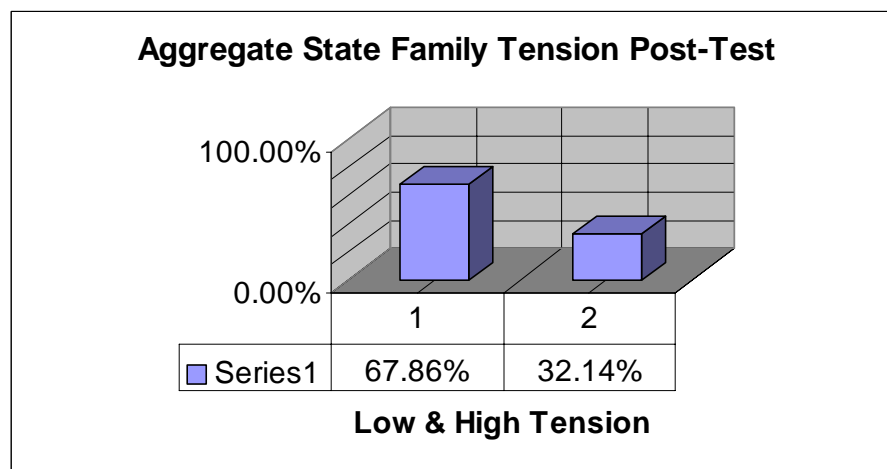
At post-test 68% of participants statewide felt their families were in a state of low tension.

Additional Observations

Protocol may be one factor contributing to the county with the largest sample having positive outcomes on the family tension survey. Individuals who had both completed a pre-test survey and had participated in the county's family program completed the post-test. Some of the other counties in the state sample may not have been as rigorous in their survey protocol. For instance, one county had survey results which indicated that several times more people completed the post-test than took the pre-test.

C. The Individual/Peer Domain Survey

Twelve counties participated in the Individual Domain Survey, which included 1,793 pre/post-test respondents. The survey is composed of two individual domain scales from the *Student Survey of Risk and Protective Factors*, which was developed by Hawkins, Catalano, Pollard, et al. The first scale, the rebelliousness scale, assesses students' tendency toward rebellious behavior. The survey targets students in grades 6 through 12, and has a high concurrent validity with drug and alcohol use and delinquency. Although the scale only has three items (Numbers 5-7 in the CM survey), the reliability coefficient is still a respectable 0.78. The second scale, the depression scale, has four items (Numbers 8-11 in the CM survey), with a scale reliability coefficient of 0.86. This scale assesses depression in students; and it too has a high concurrent validity with drug and alcohol use. Both scales are in the public domain and have no cost.

The developers of the two scales assert that both have been "normed with different ethnic populations," in the sense that the response rates of different ethnic populations to the scales have been measured. The rebelliousness and depression scales both arrange items in ordinal scales, in which responses are rank-ordered by relative magnitude; but in which the intervals between successive ranks are not necessarily equal: "NO! … no … yes … YES!" (For example, "NO!" is stronger than "no", and "yes" is weaker than "YES!" However, it cannot be assumed that the difference between "NO!" and "no", and "yes" and "YES!" is the same.)

Limitations of Our Survey

Similar to the Family Tension Survey, the Individual Domain Survey was designed as a pre/post-test format. County-level CM coordinators and contractors administered the survey. County CM coordinators selected the groups to whom they would administer the survey, rather than assigning a random sample. As noted above, surveys of this type are not as powerful as random comparison experimental designs, and make it more difficult to determine if a program has caused change. As in the Family Tension Survey, control groups were not surveyed in the Individual Domain Survey.

Summary of Survey Findings

On the state level, none of the seven survey scale items (Items 5-11) is statistically significant; although, as can be seen below, in all seven items the most positive choice "NO!" increased in the post-test over the pre-test.

Individual Survey Pre/Post Test

	1	2	3	4	5	6	7
■ Series1	43.64	46.32	47.40	49.70	33.23	47.42	28.57
■ Series2	48.63	53.99	49.85	51.52	34.04	50.61	29.66
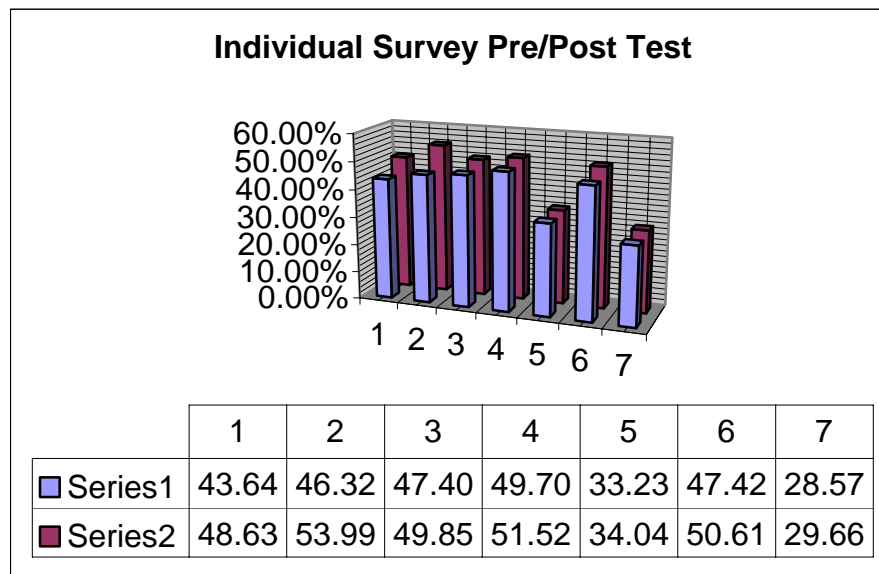
The blue graphs are pre-test and the magenta graphs are post-test.

Rebelliousness Scale and Depression Scale

More counties had statistically significant results on the rebelliousness scale (Items 5-7) than on the depression scale (Items 8-11). Only four counties with complete pre/post-tests had sample sizes that allowed reliable tests of significance to be computed. The three largest county survey samples (with 542, 455, and 408 pre/post-test responses respectively) had statistically significant survey results on Item 5 ("I do the opposite of what people tell me, just to get them mad.") The counties with the largest and third largest samples had positive results. The county with the second largest sample had negative results on Item 5. In the fourth largest county sample, positive responses ("NO!" and "no") increased from 62% in the pre-test to 81% in the post-test for Item 5. Because there were only 110 pre/post-test respondents in this sample, the change, although positive, is not statistically significant.

As can be seen in the following three graphs, the county with the third largest sample (408 pre/post-test respondents) had positive results on all three items on the rebelliousness scale.

Large Sample County, Question 5

Pre-Test and Post-Test

Large Sample County, Question 6

Bar chart showing Pre-Test (1) and Post-Test (2) results:
- Pre-Test (1): 34%, 45%, 16%, 4%
- Post-Test (2): 51%, 37%, 10%, 2%

Pre-Test and Post-Test

Large Sample County, Question 7

Bar chart showing Pre-Test (1) and Post-Test (2) results:
- Pre-Test (1): 31%, 45%, 20%, 4%
- Post-Test (2): 47%, 31%, 17%, 6%

Pre-Test and Post-Test
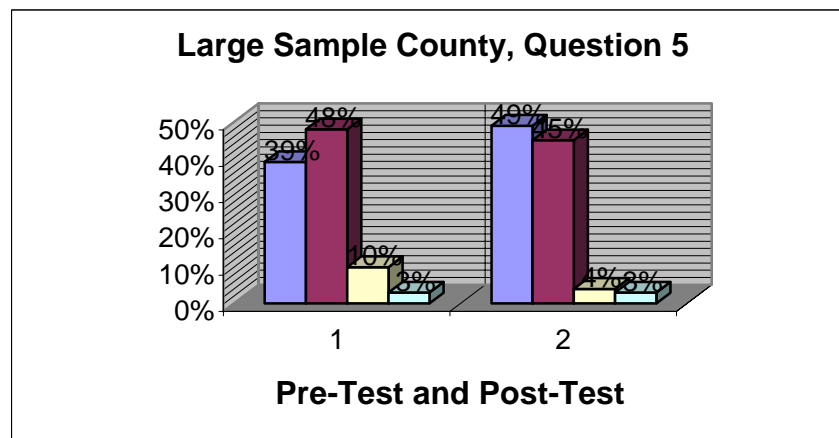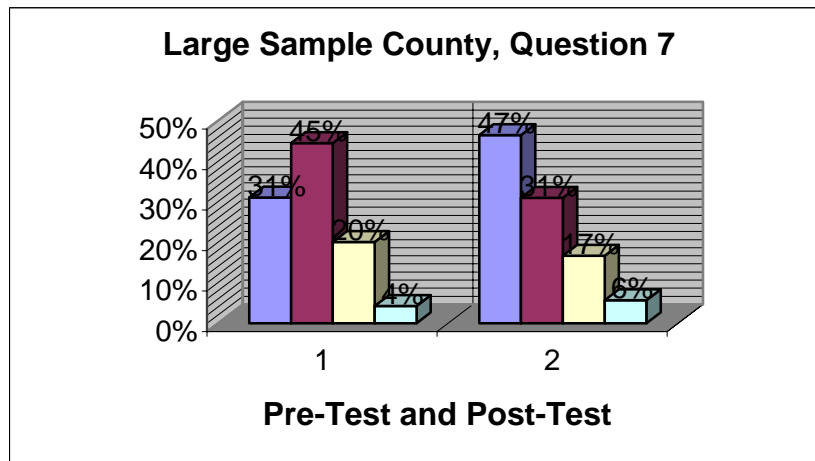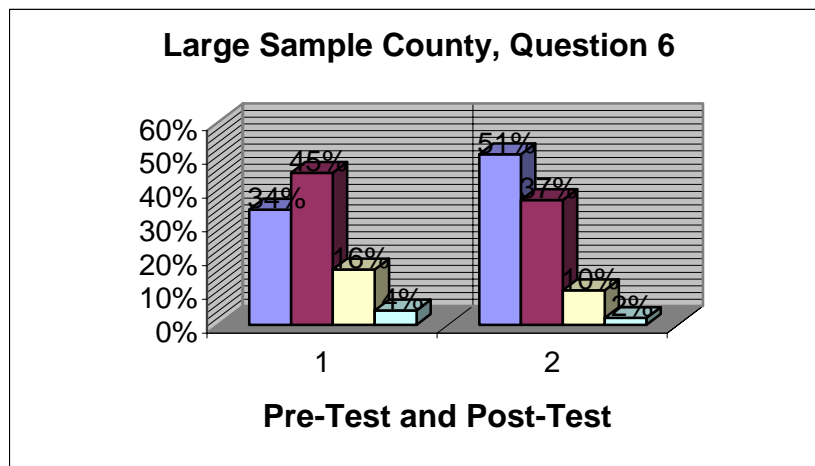
**All three of the preceding charts indicate a post-test increase in
the most positive response (blue bar).**

In addition to the four counties mentioned above, eight additional counties had respondents fill out Individual Domain Surveys. Unfortunately, these counties either lacked post-tests, or had sample sizes that were too small to allow for meaningful statistical analysis. For example, one county's results on two of the three items in the rebelliousness scale were highly positive. Unfortunately, the sample was composed of only 50 pre/post-test respondents, too small for the tests of significance to be considered reliable. Similarly, another county had negative survey results on one survey item, but the results were not reliable because of small sample size.

In the depression scale part of the survey (Items 8-11), only four counties with pre/post-tests had sample sizes large enough to allow tests of significance. Of the four, the counties with the third and fourth largest samples showed statistically significant post-test results for question Number 10 ("All in all, I am inclined to think that I'm a failure.") None of the other counties showed statistically significant results.

D. Focus Group Evaluations

Five county-level Community Mobilization programs turned in focus group evaluation reports for 2002-2003. The reports analyze various Community Mobilization sponsored programs: two youth centers (a Teen Adventure Program and a Drug-Free Youth Program), a Primary Intervention Program, a Latchkey Alternative Program, and a Parenting For Life Program. They represent a diverse mix of programs sponsored by Community Mobilization in Washington State.

The five focus group evaluations in the school domain indicate that participants as a whole improved social and study skills. The focus group studies also suggest additional areas for future evaluation, including studies that investigate the association between student participation in Community Mobilization funded programs and improvements in academic achievement, school attendance, and discipline.

III. CONCLUSIONS AND RECOMMENDATIONS

A. Community Mobilization Scorecard

Significance: By successfully organizing communities, CM in Washington State promotes recognized protective factors while countering risk factors for substance abuse and violence in the community, school, family, and individual/peer domains.

Recommendation: CM agencies need to do more to insure that there is broad-based citizen participation in organizing local and statewide mobilization efforts. Those most affected by proposed changes, including youth, parents, ethnic minorities, and other groups, need to be afforded greater opportunities to become involved in the planning of community mobilization prevention activities.

B. Family Tension Survey

Significance: Community Mobilization's survey data indicate that in the county with a large enough sample size to yield reliable results, the Strengthening Families Program was extremely effective in countering Family Conflict, an identified risk factor for substance abuse and violence.

Recommendation: A statewide evaluation of all the Strengthening Families Programs that are implemented with CM funds should be completed to determine the effectiveness of the program in promoting protective factors and countering risk factors for substance abuse and violence. (For 2003-2004, six counties are implementing the Strengthening Families Program with CM funds). Included in Community Mobilization's evaluation should be a cost-benefit analysis, and a study to determine how effectively the program is implemented with Spanish speaking participants.

C. Individual and Peer Domain Survey

Significance: Each of the three counties with large samples had statistically significant survey results on one or more items in the three-item rebelliousness scale. The scale is strongly associated with substance abuse and violence. Lower frequencies of rebellious responses on the scale in the post-test indicate program success in combating substance abuse and violence.

Recommendation: The rebelliousness scale is the more sensitive indicator of CM program effectiveness than the depression scale. The later scale should be eliminated from future surveys of program effectiveness.

D. Focus Group Evaluations

Significance: The focus group evaluations for 2002-2003 indicate that participants, as a whole, improved social and study skills.

Recommendations: The focus group studies suggest additional areas for future evaluation, including studies that investigate the association between the participation of students in CM-funded programs and improvements in academic achievement, school attendance, and discipline.

LOCAL PROGRAM SUMMARIES
OVERVIEW

Authorized by RCW 43.270 as a statewide effort, **Community Mobilization** is unique in that it organizes local communities to address the problems of substance abuse and violence. Community Mobilization assists community members in Washington's thirty-nine counties to create and sustain healthy, safe, and economically viable communities, free from alcohol, tobacco, other drug abuse, and violence. **In 2002 - 2003, Community Mobilization served a total of 262,290 individuals.** Examples of local programs provided include:

- Challenge Ropes Courses
- After-School Programs
- Parent Education Classes
- Teen Centers and Coalitions
- Smoking Cessation Programs

- Pregnancy Prevention Programs
- Anger Management Classes
- Social Skills Development Classes
- Skate Parks
- Family Resource Centers

Forty-three percent of all participants were youth, ages 10 - 18. The Community Mobilization (CM) Program was established in 1989 by the Washington State Legislature to address the issues of substance abuse and violence through the organized and collaborative efforts of entire communities. This report provides information and data about the functions and activities of the statewide CM Program in Washington's thirty-nine counties.

How Community Mobilization is Funded

A total of $6.2 million provides Community Mobilization funding in all thirty-nine Washington counties for the 2003 - 2005 biennium. Of this total, $3.4 million comes from the state's Violence Reduction and Drug Enforcement (VRDE) account, and $2.8 million from the federal Safe and Drug-Free Schools and Communities grant. **For every dollar spent on drug abuse prevention, communities can save four to five dollars in costs for drug abuse treatment and counseling (NIDA 1997).**

Community Mobilization uses the Communities That Care[®] **(CTC) risk and protective factor model**, a best practices model that provides research-based tools to assist communities in designing effective efforts to promote the positive development of children and youth, and prevent adolescent substance abuse, delinquency, teen pregnancy, school dropout, and violence. *The Communities That Care*[®] model is:

- **Inclusive:** It engages all parts of the community.
- **Proactive:** It identifies and addresses priorities *before* people are involved in the problem behaviors.
- **Based on rigorous research:** It comes from a variety of fields (sociology, psychology, education, public health, criminology, medicine, and organizational development).
- **Community-specific:** It adapts to the uniqueness of each community, not a "cookie-cutter" approach.

Community Mobilization Reduces Crime and Substance Abuse. Community Mobilization provided drug and violence prevention instruction in thirty-nine counties. For example:

- **SKAGIT COUNTY PREVENTION COUNCIL:** Two hundred fifty people attended a local Meth Summit to address concerns about meth dangers and the problems caused by meth. Participants learned how to recognize a meth lab and who to notify about meth concerns. Pre-post survey results showed a 34% - 48% increase in participants' abilities: to identify a meth danger; to communicate with others about meth; and to understand the impact of meth on families and children, and meth treatment and recovery.
- **CLALLAM COUNTY CMASA:** Middle and high school students participated in the *Life Skills* best practice program designed to promote healthy lifestyles free of drugs and violence. Pre-/post-tests showed that after participating in the program, 73% of students felt better able to resist drugs; 61% felt confident that they could avoid violence; 57% felt that they could better manage their anger when upset; and more that 70% learned ways to make better decisions to avoid drugs and violence.

41

Community Mobilization Improves Safety and Well-Being. **Twenty-six Community Mobilization counties provided parent education services. For example:**

- **COWLITZ COUNTY SUBSTANCE ABUSE COALITION:** The Strengthening Families Program (10-14) focuses on whole family communication. One hundred percent of participating parents surveyed reported a decrease in family conflict (41% of those were significant decreases); and parents reported significant improvements in setting consequences, rewarding their children, and calmly working out problems. Eighty-five percent of enrolled families completed the seven-week program.

- **ISLAND COUNTY SOUTH WHIDBEY YOUTH CENTER:** The Parent Education and Support Program improved family management and communication skills, and reduced family conflict. Participants reported a 62% decrease in yelling in the home; a 76% increase in confidence in parent-child relationships; and a 63% increase in consistency in structuring household rules.

- **COLUMBIA COUNTY CMASA:** The six-week Summer Recreation/Prevention Program increased youths' social skills and increased unfavorable attitudes toward alcohol and tobacco use. Seventy-five percent of parents surveyed saw increases in their child's socials skills, self-esteem and drug resistance skills.

- **SKAMANIA COUNTY CMASA:** Four hundred fifty youth, ages 11-18, participated in five youth programs including: the Gorge Girls/Guys Club, where they connected with positive, caring adult mentors; and the Teen Assistance Program (TAP), which helped youth develop critical thinking, decision-making, cooperation, and effective social relations skills.

Community Mobilization Improves Academic Performance. Thirty Community Mobilization Counties provided before and/or after school services. For example:

- **GRAYS HARBOR COUNTY CM:** The After School Program served 555 youth at two sites; helped youth with reading, math, and study skills; and provided substance abuse prevention lessons and recreational activities in a safe environment. Ninety-five percent of students surveyed felt the program helped with homework and 73% of teachers believed that the program improved students' academic performance.

- **MASON COUNTY DRUG ABUSE PREVENTION:** *Skills Talk for Kids* goals are to increase social skills, accountability, and self-efficacy among children ages 13-18. All Shelton School District teachers (132) were trained in the program; and provided 4,488 support service hours to 1,576 high school students. Results were increased reading and math grades, and better teacher/student communication.

- **PACIFIC COUNTY CM:** The after-school program *Keep A Clear Mind* was used with students (grades 1 through 6) and their parents. Evaluation results showed a tremendous increase in commitment to school (63% of pre-tests reported "always or often hated being in school;" post-tests reported 18%; and 90% of pre-tests answered yes to "when pushed, I fight"; post-tests reported 9%). 100% of the parents surveyed felt the program was either essential or very important to their child.

Community Mobilization Leverages Resources. A sampling survey of Community Mobilization in ten counties found that for every $5 in state Community Mobilization grant funds, Community Mobilization was able to raise $20 in additional funds ($9 in cash and $11 in-kind match).

- **FERRY COUNTY CM:** The *20/20 Reading and Mentoring Program* reported 80 volunteers provided 2,700 volunteer hours valued at $32,400 ($12/hour). Other in-kind of $4,500 made the total $36,900.

- **SNOHOMISH COUNTY CM:** Over 23,000 Snohomish County residents directly benefited from CM funded drug and violence free programs; and $288,000 in in-kind match was leveraged.

COMMUNITY ORGANIZING

Youth Yellow Pages
Community Web Pages
Community Outreach
Awards Banquets
Coalition Development
Rural Community Building
Holiday Events
Prevention Volunteer Coordination
Skate Parks
Block-by-Block Organizing
Media Efforts
Neighborhood Coalitions
Drug-Free Business Events

PEER ASSOCIATION

Challenge Rope Course
Team Building
Recreational Programs
Teen Centers/Coalitions
Youth Support Groups & Leadership
Theatre Groups

FAMILY

Parenting Classes
Home Visits for Low-Income Mothers
Homeless Youth/Family Services
Family Resource Centers
Public Housing Family Camps
Domestic Violence Task Forces

AWARDS

DASA Exemplary Substance Abuse Prevention Award (Skagit)

CTED Special Recognition Award – CM Evaluation (Adams, Cowlitz, Ferry, Jefferson, San Juan, Spokane)

Chamber of Commerce Employee of Year Award for Work with Children (Columbia)

First Place - Walking Youth/Kalama; Second Place – Motorized Float Entry/Highland Parade; Third Place – Kids Day/County Fair (Cowlitz)

Traffic Safety Superstar in Law Enforcement (Kittitas)

Washington State SADD "Larecca Andrews Memorial" award (Mason)

SCHOOL

After-School Programs
Tutoring &Summer Mentoring
Dropout Reduction
Safe/Sober Graduation Parties
Rural Student Counseling
Adventure/Education Programs
Academic Assistance
Prevention Education
ESL Homework Assistance

INDIVIDUAL

Anger Management
Social Skills Development
Intervention for At-Risk Youth
Youth Involvement
Gay/Lesbian Youth Boards
Cultural Sensitivity Training
Drug-Resistance Training
Empathy Building
Alternative Arts Programs

PROBLEM BEHAVIORS

Smoking Cessation
Crime Prevention
Gun Violence Prevention
Juvenile Offender Programs
Fatal Vision Goggles
Pregnancy Prevention
Drug/Alcohol Avoidance/Drug Screening
Methamphetamine Awareness
One-one Child Directed Play

KEY TO PROGRAM ICONS

COMMUNITY MOBILIZATION
Program Summary, July 2002– June 2003

Adams County

Name of Program: Community Counseling Services   **Contact: Edie Borgman**
                                                                  Phone: (509) 488-4074

Mission Statement: The mission of Community Mobilization is to collaborate with others in our county to contribute to the reduction of substance use/abuse and violence in Adams County (or, as one youth stated, "Let's all work together, to do good things, for all of us").
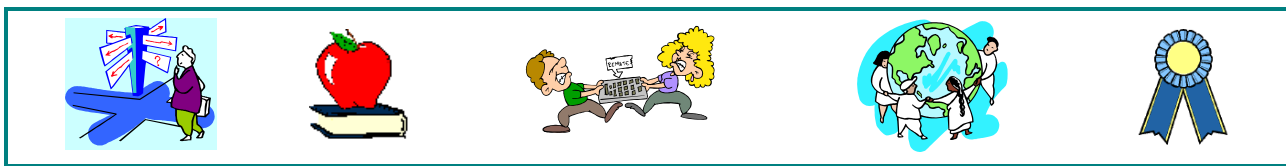
Activity #1: Community Mobilization

♦ Risk and Protective Factor(s): Early initiation of the Problem Behavior; Availability of Drugs; and Recognition for Prosocial Community Involvement.

♦ Goal/Program Focus: Reduce substance use and violence by youth.

♦ Target Groups: Residents and youth in Adams County.

♦ Prevention Activities: The CM Coordinator collaborates with a variety of partners throughout Adams County to provide a comprehensive, broad-based approach to prevention.

♦ Near- and Long-Term Objectives: Contribute to the reduction of substance use and violence.

♦ Measurement Tools/Methods and Results: Self-Administered Community Mobilization Scorecard.
   ◈ Sense of Community was scored at 19 out of a possible 20.
   ◈ Mobilization Capacity was scored at 23 out of a possible 24.
   ◈ Readiness for Focused Action was scored at 22 out of a possible 24.
   ◈ Some of the comments were: "We lack bureaucracy but have a high involvement on a personal and community level." "Lack of funding from state and federal levels is an ongoing concern." "We have a good plan that meets OUR community's needs."
   ◈ Conflict Resolution was scored at 8 out of a possible 8. Some of the comments were: "We rely on each other. There isn't enough turf to have an issue over." "We discuss accountability to the community and act as a team to not duplicate efforts." "Make up of participants on the board makes it accountable to the community. Press and members of the board are already in place for accountability. Anyone is welcome to participate."
   ◈ The overall score for the scorecard was 72 out of a possible 76.

♦ Process measures:
   ◈ 553 people were served, ages 0 - 65+.

Activity #2: DARE—Drug Abuse Resistance Education

♦ Risk and Protective Factor(s): Early initiation of the Problem Behavior; Availability of Drugs; and Recognition for Prosocial School Involvement.

♦ Goal/Program Focus: Reduce substance use and violence by youth.

♦ Target Groups: Youth in Adams County.

♦ Prevention Activities: DARE—Drug Abuse Resistance Education—was provided in Othello, Lind, Washtucna, and Ritzville by Othello Police Department, Adams County Sheriffs Office, and Ritzville Police Department. DARE is a seventeen-week curriculum provided by officers and deputies, teaching resistance skills regarding substance abuse and violence.

♦ Near-and Long-Term Objectives: Contribute to the reduction of substance use and violence.

♦ Measurement Tools/Methods and Results:
  ◈ Survey data: For the Individual Domain survey in the county, 542 people were surveyed for the DARE and Project ALERT programs, pre- and post-test. Clients in these programs had fewer rebellious responses on the survey after the program, at a 95 percent level of confidence.

♦ Process measures:
  ◈ 2,900 people were served, ages 6 - adult.

Activity #3: Project ALERT

♦ Risk and Protective Factor(s): Early initiation of the Problem Behavior; Availability of Drugs; and Recognition for Prosocial School Involvement.

♦ Goal/Program Focus: Reduce substance use and violence by youth.

♦ Target Groups: Youth in Adams County.

♦ Prevention Activities: Project ALERT—a best practice program.

♦ Near- and Long-Term Objectives: Contribute to the reduction of substance abuse and violence.

♦ Measurement Tools/Methods and Results:
  ◈ Survey data: Please see the survey data under the DARE Program.

♦ Process measures:
  ◈ 13 people were served, ages 12 - 14.

COMMUNITY MOBILIZATION
Program Summary, July 2002– June 2003

Asotin County

Name of Program: Asotin County Prevention Project   **Contact: Sherry Crawford**
                                                                                                          Phone: (509) 758-9842

Mission Statement: We are committed to an ongoing process of planning, inclusive relationships, and cooperative partnerships, which achieve our visions.

Activity #1: Safe Policy—Youth Intervention Activities

♦ Risk and Protective Factor(s): Rebelliousness; Favorable Attitudes Toward the Problem Behavior; Opportunities for Prosocial Community Involvement.

♦ Goal/Program Focus: Asset building.

♦ Target Group: School-aged youth.

♦ Prevention Activities: Child Protective Services, law enforcement, juvenile court, school personnel, and parents referred school-aged youth for services. A screening committee reviewed information on each child to determine appropriateness of services. The youth were given a choice of activities that build skills such as music lessons, horseback riding, dance, gymnastics, karate, and swimming.

♦ Near-Term Objectives: Increase awareness of asset building in adult and youth leaders.

♦ Long-Term Objectives: Decrease overall youth violence and ATOD use among county youth.

♦ Measurement Tools/Methods and Results:
   ◈ Survey data: Teachers/Parents/Participants reported: Walker-McConnell scale of social competence and school adjustment.

♦ Process measures:
   ◈ 84 people were served, ages 5 - 16.

♦ Leveraging:
   ◈ 33 volunteers provided 350 volunteer hours.
   ◈ In-kind support: Reduced registration and/or membership fees for services, transportation assistance to participants, local agency staff who participated on the screening committee, juvenile court staff who provided office support, and loan of office space/equipment without charge.

Activity #2: Neighborhood Building Project

♦ Risk and Protective Factor(s): Low Neighborhood Attachment and Community Disorganization.

♦ Goal/Program Focus: Community Mobilization.

♦ Target Groups: Neighborhood groups and services.

♦ Prevention Activities: Grants were offered to neighborhoods to hold neighborhood gatherings. This was the third year that this program was promoted. For each "Block Party" there was a neighborhood organizer/sponsor who applied for the grant and promoted and planned the event. The purpose of the gathering was to provide an opportunity for neighbors to get to know one another and build relationships/trust. Local law enforcement and firemen were invited to each "Block Party" and attended both. The firemen brought a fire engine for everyone to see. Local law enforcement brought the canine unit to demonstrate how the animal worked. Our local prosecuting attorney, as well as his staff, went to both parties also.

♦ Near- and Long-Term Objectives: Building community involvement to decrease ATOD use among community members.

♦ Measurement Tools/Methods and Results:
  ◈ Other (please identify): The subcontractor attended both of the events and gathered pictures and other information. Some sponsors submitted narrative reports. All reports were positive.

♦ Process measures:
  ◈ 100 people were served, ages 1 - 65.
  ◈ Two Neighborhood Block Parties occurred.

♦ Leveraging:
  ◈ 14 volunteers provided 300 volunteer hours.
  ◈ In-kind support included: additional food and activities provided by the sponsors, donated flyers and other promotional materials, and several sponsors went door-to-door inviting neighbors.

Benton and Franklin Counties

Name of Program: Benton-Franklin Substance Abuse Coalition   **Contact: Rich Marshall**
Phone: (509) 783-3180

Mission Statement: Provide assistance and support for community members in creating and sustaining healthy, safe, and economically viable communities free from substance abuse and its related social ills. BFSAC is incorporated within the state, and was organized exclusively for educational and charitable purposes.

Vision: Through community awareness, education, and mobilization, BFSAC will effectively address the problems of substance abuse by promoting collaboration, cooperation, communication, commitment, and cultural sensitivity.
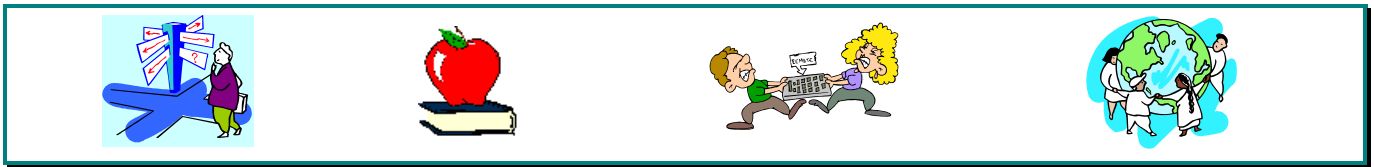
Activity #1: Community Events

♦ Risk and Protective Factor(s): Community Laws and Norms Favorable Toward Drug Use; and Healthy Beliefs and Clear Standards.

♦ Goal/Program Focus: Community Mobilization.

♦ Target Groups: Community organizations and agencies, schools, youth, parents, and other adults.

♦ Prevention Activities: Participated in four area health fairs promoting a "Do NOT drink and drive" message using DUI Fatal Vision Goggles, a lung demonstration, prize wheel, family Drug-Free photo pledge (Family-A-Fair), and fact-based information.

♦ Near-Term Objectives: Increased community awareness of ATOD use and violence issues and prevention strategies.

♦ Long-Term Objectives: Reduce reported ATOD use among youth.

♦ Measurement Tools/Methods and Results:
   ◈ Other (please identify): Hanford Expo—awarded "Best Offsite Booth"

♦ Process measures:
   ◈ 6,000 people were served at the West Richland Harvest Festival at Flat Top Park, ages 4 - 70.
   ◈ 7,000 people were served at the Family-A-Fair at the TRAC, ages 1 - 70.
   ◈ 30,010 people were served at the Hanford Health and Safety Expo at the TRAC, ages 1 - 75.
   ◈ 4,000 people were served at the Safe Kids Saturday at Kadlec Medical Center, ages 4 - 70.

♦ Leveraging:
   ◈ Scholarship of $75.00

Activity #2: Red the Refuse Man

♦ Risk and Protective Factor(s): Early Initiation of the Problem Behavior; and Favorable Attitudes Toward the Problem Behavior.

- Goal/Program Focus: Improve children's ATOD resiliency skills and attitudes.

- Target Groups: Kindergarten through third grade.

- Prevention Activities: Red the Refuse Man presents a drug and alcohol-free message to four kindergarten through 3rd grade groups. An interactive and age appropriate message was used, teaching young children who they can turn to and trust when something is wrong, and the difference between "good" and "bad" drugs. Collaborative partners include the YMCA of the Greater Tri-Cities, Campfire, Boys & Girls Club, Three Rivers Children's Museum, and Christ The King School.

- Near-Term Objectives: Increase awareness of good versus bad drugs and who to trust.

- Long-Term Objectives: Recognition and knowledge of Red's factual information.

- Measurement Tools/Methods and Results:
  - Survey data: Parent information surveys: provided positive and age-appropriate take-home information for parents to talk to their children in the home, and help keep parent-child communication lines open about tough issues.

- Process measures:
  - 100 people were served, ages 5 - 8.

- Leveraging:
  - Teachers' class time, at 60 minutes per performance, totaled 5.0 hours.

Activity #3: Project ALERT

- Risk and Protective Factor(s): Early Initiation of Problem Behavior.

- Goal/Program Focus: Provide skill-building curriculum in at least two schools.

- Target Groups: Youth grades 6 – 8.

- Prevention Activities: Project ALERT is a 14-session (11 sessions, 3 boosters) Best Practice curriculum for grades 6 through 8. ALERT is an acronym that stands for Adolescents Learning Experiences in Resistance Training. Through group projects, role-play, videos, posters, and family homework, students are exposed visually, audibly, and kinetically to learning and practicing effective skills to successfully resist drug and alcohol pressures. Collaborative partners include Desert Hills Middle School and Discovery Alternative Middle School.

- Near-Term Objectives: Increase the number of youth involved in positive activities.

- Long-Term Objectives: Reduce reported ATOD use among youth.

- Measurement Tools/Methods and Results:
  - Survey data: pre-test survey.

- Process measures:
  - 43 students were served, ages 10 - 15.

- Leveraging:
  - Two volunteers (teachers) were involved in the activity, providing over 44 volunteer hours and classroom space valued at $220.

COMMUNITY MOBILIZATION
Program Summary, July 2002– June 2003

Chelan and Douglas Counties

Name of Program: Chelan-Douglas TOGETHER! for Drug-Free Youth   **Contact: Renée Hunter**
                                                                                      Phone: (509) 662-7201

Mission Statement: To educate the community at large about the risk/protective factors associated with youth substance abuse and violence; and to facilitate the development of comprehensive risk-focused strategies and programs for local substance abuse and violence prevention, with emphasis on youth.

Activity #1: Community Mobilization.

♦   Risk and Protective Factor(s): Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime.

♦   Goal/Program Focus: To increase community participation in nine communities creating a drug- and violence-free community. To effectively address the problems of substance abuse and violence by promoting collaboration, cooperation, communication, commitment, and cultural competency.

♦   Target Groups: Community members in nine cities.

♦   Prevention Activities: To develop and implement comprehensive community-based substance abuse and violence prevention programs that link community resources with schools, law enforcement, and juvenile services.

♦   Near-Term Objectives: Increase community coalition membership by 25 volunteers, totaling 471.

♦   Long-Term Objectives: Reduce overall level of ATOD use among youth in Chelan and Douglas Counties.

♦   Measurement Tools/Methods and Results: Self-Administered Community Mobilization Scorecard:
   ◈   Sense of community among active members in Chelan-Douglas TOGETHER! for Drug-Free Youth's average score in this area was 3 out of a possible 4. "There is a sense of openness within the community," and "Members are selected on the basis of community involvement."
   ◈   Mobilization Capacity: The organization's average in this area was 3.5 out of 4. "Chelan-Douglas TOGETHER! for Drug-Free Youth has had the framework needed to function and mobilize communities."
   ◈   Readiness for Focused Action: The group's average score in this area was 4 of a possible 4. "The bi-county assessment aids the members with setting goals and developing a strategic plan of action."
   ◈   Conflict Resolution: The group's average score in this area was 1.5 of a possible 4. One new policy board member did not feel there were opportunities to dialog in areas of conflict. The remaining core board members gave this a 4. They felt there were opportunities to discuss and plan ways to remain accountable to the community.
♦   Nine community-coalition meeting minutes and sign-in sheets for September through June.

♦   Process measures:
   ◈   471 people were served, ages 18 - 75.

♦   Leveraging:
   ◈   471 volunteers provided 1,200 volunteer hours.

Activity #2: Parenting Classes

♦   Risk and Protective Factor(s): Family Management Problems.

- Goal/Program Focus: To provide parenting classes that include discussion and application of skills using the "Becoming a Love and Logic Parent" and "Passage Group Parent to Parent" models, which are provided by personnel trained in delivery of the curricula. Each of these are six-session, two hours/session classes.

- Target Groups: Parents, grandparents, foster parents, and child care providers.

- Prevention Activities: Classes teach boundaries, security, positive discipline, and parent/child relationships. All classes are taught at community schools in the evenings.

- Near-Term Objectives: Increase parenting skills of 350 parents, grandparents, foster parents, and child care providers to deal with their children in a respectful, nurturing manner.

- Long-Term Objectives: Reduce overall level of ATOD use among children from participating parents, grandparents, foster parents, and childcare providers.

- Measurement Tools/Methods and Results:
  - Survey data: CMASA family tension pre- and post-survey.

- Process measures:
  - 350 people were served, ages 20 - 70.

- Leveraging:
  - 350 volunteers provided 4,200 volunteer hours.
  - In-kind support included: Local school districts donated the space for parenting classes.

Activity #3: After School Programs

- Risk and Protective Factor(s): Favorable Attitudes Toward the Problem Behavior.

- Goal/Program Focus: To provide a safe place after school and during summer to reduce the incidence of juvenile violence, substance abuse, and tobacco abuse.

- Target Groups: Students in 1st – 6th grades.

- Prevention Activities: Individual mentoring, assistance with homework, recreational activities, and counseling is provided. Programs operate Monday – Friday, 3:00 p.m. to 6:00 p.m. The program is open to all children Grades 1 – 6. This is a collaborative partnership with seven school districts.

- Near-Term Objectives: 500 youth in grades 1-6 participated in after-school programs. Six hundred youth in grades one through six participated in summer-school programs.

- Long-Term Objectives: Increase in grades in at lease one subject area and throughout their school careers.

- Measurement Tools/Methods and Results:
  - Survey data: 30 percent of students achieved an improvement of one grade point or more in at least one subject area.
  - Focus Groups: Teachers, parents, and participants reported that students enrolled in these programs were more likely to have their homework completed.

- Process measures:
  - 1,100 people were served, ages 6 - 12.

- Leveraging:
  - 14 volunteers provided 750 volunteer hours.
  - In-kind support included: Local school districts donate the space for after-school activities and summer programs.

Clallam County

Name of Program: <u>Clallam County CMASA</u>　　　　　　　　　**Contact: <u>Jim Borte</u>**
　　　　　　　　　　　　　　　　　　　　　　　　　　　　　Phone: <u>(360) 417-2385</u>

Mission Statement: To work with interested parties to reduce drug use and violence in our county.

Activity #1: SMART Moves Program

♦ Risk and Protective Factor(s): Early Initiation of the Problem Behavior; Family Management Problems; Bonding; and Healthy Beliefs and Clear Standards.

♦ Goal/Program Focus: To provide youth and parents with knowledge, skills, self-esteem, and peer support to avoid unhealthy decisions related to drugs, sex, and violence.

♦ Target Groups: Youth (ages 6-15) and their parents.

♦ Prevention Activities: Providing SMART Kids (6-9), Start SMART (10-12), Stay Smart (13-15), and SMART Parents. Co-occurring activities for youth and their parents are followed by joint family activities based on the weekly topic. The National Boys & Girls Club developed SMART Moves. It is a best practice and teaches decision-making, problem-solving, and refusal skills.

♦ Near-Term Objectives: To increase understanding of the dangers of drug use, sexual activity, and crime. To demonstrate resistance skills and good decision-making about risky behavior.

♦ Long-Term Objectives: To help youth remain clean and sober, or delay their involvement in risky behaviors. To lower substance abuse and juvenile crime.

♦ Measurement Tools/Methods and Results:
  ◈ Boys & Girls Clubs Outcome Measurement Tool (pre-post test) and Commitment to Quality evaluation system: These reflected a significant positive response to the program for all components. More than half of the parents reported a marked improvement in their communications with their children. Over 80 percent of the children reported a better relationship with their parents. Many parents reported improved academic performance by their children. Seventy-three percent of parents reported fewer arguments and less tension in their families. Ninety-two percent said that they were doing more family activities.

♦ Process measures:
  ◈ <u>103</u> kids (ages <u>6-9</u>), <u>70</u> kids (ages <u>10-12</u>), <u>43</u> youth (ages <u>13-15</u>), and <u>74</u> parents participated.

♦ Leveraging:
  ◈ The Boys & Girls Club provided half of the cost of the program and <u>14</u> volunteers to support it.

Activity #2: LIFESKILLS—Sequim School District

♦ Risk and Protective Factor(s): Lack of Commitment to School; Early Initiation of the Problem Behavior; Healthy Beliefs and Clear Standards; and Skills, Opportunities and Recognition.

♦ Goal/Program Focus: To provide youth and parents with knowledge, skills, self-esteem, and peer support to avoid unhealthy decisions related to drugs, sex, and violence.

♦ Target Groups: Students in middle and high school.

♦ Prevention Activities: The LIFESKILLS Program provides violence prevention training in both small and large group settings. The program is a best practice designed to promote healthy lifestyles free of violence

and drugs. It teaches skills to promote positive behaviors in the classroom that eliminate violence through cooperation, honesty, kindness, self-worth, and refusal skills.

♦ Near-Term Objectives: To provide students with information and skills to avoid the use of violence and substance abuse in their lives.

♦ Long-Term Objectives: Improved behavior, improved school attendance and academic performance, less drug use, and fewer school discipline referrals.

♦ Measurement Tools/Methods and Results:
  ◈ Pre- and post-measurement tools: 72% of students were better able to resist drugs; 61% felt confident that they could avoid violence; 57% felt that they could better manage their anger when they were upset; and more than 70% said they had learned ways to make better decisions to avoid drugs and violence. Teachers reported better conduct in their students after they had completed the program.

♦ Process measures:
  ◈ 48 students participated in the full curriculum. 1,120 students were introduced to the program's basic elements. 120 parents attended special trainings to become aware of what their children were learning and how to be supportive of their children's newly acquired knowledge and social skills.

♦ Leveraging:
  ◈ The subcontractor provided 75% of the program cost and paid for staff training costs. They provided four paid trainers and eight volunteers to conduct and support the program. The ESD contributed staff support and training, and their Interventionist Specialist served as the program coordinator.

Activity #3: AUNTIES—First Step Family Support Center

♦ Risk and Protective Factor(s): Extreme Economic Deprivation; Family Management Problems; Lack of Commitment to School; Bonding to Family and Community; Healthy Belief and Clear Standards; and Opportunities, Skills, and Recognition.

♦ Goal/Program Focus: To provide home visiting services based on the Hawaii Healthy Start model for low-income families with children aged 0-3.

♦ Target Groups: Low-income, at-risk families with parents aged 15 - 35. Priority was given to parents who were substance abusers, had mental health issues, or were teenagers.

♦ Prevention Activities: Trained volunteers provided parent education training and emotional support for parents, encouraged parent-child bonding, taught problem-solving skills, and helped parents build a positive support network for their families.

♦ Near-Term Objectives: Provide support for the parents, teach parent-education, problem-solving and decision-making skills, and help parents develop a positive support network.

♦ Long-Term Objectives: Work with parents beyond the first year of service. Stressors often increase in the second year due to children's mobility and developmental needs becoming more demanding.

♦ Measurement Tools/Methods and Results:
  ◈ Parenting Skills Ladder: Participants noted improvements in all areas, particularly listening skills, communication, and consistent discipline. Parents found the program very helpful. Most felt stress was reduced and their children were better behaved. One parent commented that the major reason her children were behaving better was because she had learned what it takes to be a "good parent." The youth were very positive about the program. The younger ones found it to be fun.

♦ Process measures:
  ◈ There were 38 parents in the program, ages 16 – 65. One was a grandparent who was raising her grandchildren.

♦ Leveraging:
  ◈ CM provided 35% of the funding.
  ◈ There were 27 volunteers involved in the program.

54

Clark County

Name of Program: <u>Community Mobilization</u>　　　　　　　　**Contact: <u>Pamela Dailey</u>**
Phone: <u>(360) 397-2130</u>

Mission Statement: Work in partnership with the people of Clark County to plan, manage social services, and achieve a safe and healthy community.

Activity #1: Family Support Programs

♦　Risk and Protective Factor(s): Family Conflict; Family Management Problems; and Low Neighborhood Attachment and Community Disorganization.

♦　Goal/Program Focus: Increase family participation in program planning and implementation; create opportunities for community collaboration; and improve parent knowledge and skills.

♦　Target Groups: Family members and children (aged 0-8).

♦　Prevention Activities: Family Support builds community capacity to involve and empower families to engage with their communities. The program is focused on two family resource centers in rural Clark County. Goals include increasing the capacity of the Family Councils; implementing family-driven parenting programs; participating in community events; and recruiting youth and adult volunteers. Related activities included event planning and participation, developing community partnerships, and engaging family members in center governance.

♦　Near-Term Objectives: Improve parenting skills; and increase awareness of healthy child development.
♦　Long-Term Objectives: Increase access to programs and services in rural north and east county; create opportunities for community collaboration; and increase family participation in program planning and implementation.

♦　Measurement Tools/Methods and Results:
◈　Developing the Family Council at the North County Family Resource Center (12 members).
◈　Developing the Family Council at the East County Family Resource Center (7 members).
◈　Developing family-driven programs and activities at both family resource centers (2,337 volunteer hours).
◈　Involving youth in planning and implementing activities (763 volunteer hours).
♦　Process measures:
◈　Written job descriptions for board members and volunteers.
◈　Monthly Family Council meetings at both the north and east county centers.
◈　Participation on the countywide Family Resource Center Network Technical Assistance Team.
♦　Leveraging:
◈　<u>Five</u> new volunteers recruited.
◈　Participation by Family Resource Center volunteers in <u>six</u> community events for families and/or youth.
◈　Youth volunteers sorting and distributing food and clothing, providing office/clerical work, teaching sign language to children, and participating on advisory boards.

Activity #2: Community Organizing

♦　Risk and Protective Factor(s): Support Activities.

♦　Goal/Program Focus: Improve access to programs and services for children and families in rural communities.

♦　Target Groups: Families, including low-income; and families living in underserved north and east county rural areas.

♦　Prevention Activities: 1) The *Family Resource Center Network Technical Assistance Team* provides assistance and supports collaboration in developing family resource centers in Clark County; 2) The *Youth Suicide Prevention Plan* implements six identified strategies requiring participation and collaboration of community partners; 3) The *Crisis Mental Health Services Partnerships Task Force* developed a cross-systems plan to address high-frequency and high-impact use of crisis services by individuals in need of mental health and/or substance abuse treatment.

- ♦ Near-Term Objectives: Improve parenting skills; and increase awareness of healthy child development.
- ♦ Long-Term Objectives: Increase access to programs and services in rural north and east county; create opportunities for community collaboration; and increase family participation in program planning and implementation.
- ♦ Measurement Tools/Methods and Results:
  - ◈ Family Resource Center Network Technical Assistance:
    - ◆ Supporting the development of three new family center sites.
    - ◆ Increasing the family governance capacity at two rural centers.
    - ◆ Identifying partners in implementing resource center programs.
  - ◈ Youth Suicide Prevention Plan:
    - ◆ "Gatekeeper" training for adults working/living with youth to learn about signs indicating potential risk for suicide and to respond appropriately (five trainings, with 50 adults trained).
    - ◆ Developing a "youth line" with telephone and computer on-line access for youth in Clark County (Ten youth recruited for training).
    - ◆ Participating in a screening and follow-up intervention program implemented at designated high schools to identify youth at-risk for depression and/or suicide (three high schools scheduled to begin in Fall 2003).
    - ◆ Implementing countywide education events at a minimum of five locations for National Depression Screening Day and Alcohol Prevention Screening Day (total of 150 screened).
  - ◈ Crisis Mental Health Services Partnerships Task Force:
    - ◆ Developing a cross-systems response plan to include training, collaboration, and coordination.
    - ◆ Developing a law enforcement-based crisis intervention team.
- ♦ Process measures:
  - ◈ Family Resource Center Network Technical Assistance:
    - ◆ Monthly planning and information sharing meetings.
    - ◆ Participation representing 15 agencies.
  - ◈ Youth Suicide Prevention Plan:
    - ◆ Monthly meetings for each strategy area (25 community partners).
    - ◆ Monthly meetings for core planning group (three lead agencies).
    - ◆ Quarterly report to the County Commissioners.
  - ◈ Crisis Mental Health Services Partnerships Task Force:
    - ◆ Monthly meetings for community stakeholders (30 participants).
    - ◆ Twice-monthly meetings for core planning group (eight participants).

Activity #3: Community Meth Action Team

- ♦ Risk and Protective Factor(s): Low Neighborhood Attachment and Community Disorganization; and Family History of the Problem Behavior.

- ♦ Goal/Program Focus: Development of a multi-disciplinary community plan to address the effects of methamphetamine use on families in Clark County.

- ♦ Target Groups: Families with children, ages 0-18, in Clark County.

- ♦ Prevention Activities: The Clark County Community Meth Action Team (CMAT) is focused on addressing the impact of methamphetamine in the community through public awareness, prevention, and public policy strategies.

- ♦ Near-Term Objectives: Increased awareness of resources supporting families affected by meth use; and identify families with children, ages 0-18, in need of support services.
- ♦ Long-Term Objectives: Increased integration of services for families affected by meth use; and increased number of families with children, ages 0-18, connected with services.

- ♦ Measurement Tools/Methods and Results:
  - ◈ Developing and starting to implement a community plan.
  - ◈ Developing a structure and process for CMAT.
  - ◈ Developing a youth component as part of CMAT.
- ♦ Process measures:
  - ◈ Identifying public education, children's needs, multi-systems approach and treatment as priority areas.
  - ◈ Developing an inter-department agreement establishing the Sheriff's Office as lead agency for CMAT, with a community-based steering committee selected by CMAT.
  - ◈ Participation by the Youth Meth Action Teams (YMAT) in the first local Youth Spring Festival.
  - ◈ Participation by CMAT in the planning of the Meth Summit.
  - ◈ Five community presentations.

COMMUNITY MOBILIZATION
Program Summary, July 2002– June 2003

Columbia County

Name of Program: Community Mobilization Against Substance Abuse   **Contact: Catherine Aaltonen**
Phone: (509) 382-2527

Mission Statement: To prepare county youth to lead healthy and productive lives, free from the effects of substance abuse and violence, through collaborative efforts involving all citizens, community groups, and service agencies within the community.
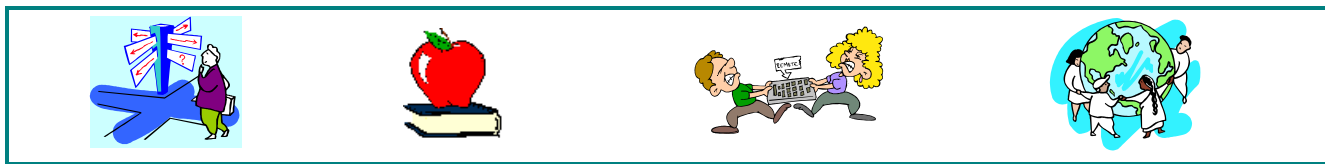
Activity #1: Summer Recreation/Prevention Program

♦ Risk and Protective Factor(s)**:** Early Initiation of the Problem Behavior; and Opportunities for Prosocial Community Involvement.

♦ Goal/Program Focus: To increase participants' social skills and increase unfavorable attitudes towards tobacco and alcohol use.

♦ Target Groups: Youth, ages 5-10; developmentally disabled youth, ages 5-16; and teen youth counselors, ages 16-18.

♦ Prevention Activities: This program offers positive, safe, and structured recreational activities; education in social competency skills, positive role modeling, and employment for teenage youth counselors. The program provides prevention education through age-appropriate videos, presentations, and materials. It delivers skill-building opportunities through activities such as crafts, music, skits, art, and portable ROPES physical challenge activities. The program is offered for a six-week period from June to July. It runs daily from 8:00 a.m. to 5:00 p.m., Monday through Friday.

♦ Near-Term Objectives: Increase participants' knowledge of the harmful effects of tobacco and alcohol use. Improve social skills of participants.

♦ Long-Term Objectives: Improve social competence and resiliency factors in youth.

♦ Measurement Tools/Methods and Results:
  ◈ Survey data: Parent surveys report that children displayed improved communication and social skills. Enrollees demonstrated an increase in knowledge of the effects of tobacco use.
  ◈ Focus Groups: 75 percent of parents surveyed rated the program as very good or excellent.

♦ Process measures:
  ◈ 83 people were served, ages 5 - 16.

♦ Leveraging:
  ◈ 12 volunteers provided 97 volunteer hours.
  ◈ In-kind support included: One Americorps volunteer for a total of 123 hours valued at $861. Two Blue Mountain Action Council work trainees provided 84 hours valued at $588. Citizens and service groups donated supplies valued at over $600.

Activity #2: Methamphetamine Awareness Conference

♦ Risk and Protective Factor(s): Availability of Drugs (methamphetamine)

- Goal/Program Focus: To increase the community's understanding of the dangers of methamphetamine and meth labs.

- Target Groups: County residents and local school students.

- Prevention Activities: Presentations on the dangers of use and production of methamphetamine by Roger Lake, President of the Washington State Narcotics Investigators Association; Columbia County Sheriff Mike Berglund; and Deputy Steve Gallagher. Mr. Lake met with high school students, the local Kiwanis Group, and addressed a community-wide meeting.

- Near-Term Objectives: To increase county residents' knowledge of methamphetamine issues.

- Long-Term Objectives: To reduce the availability of methamphetamine and reduce the number of meth labs in the county.

- Measurement Tools/Methods and Results:
  - Focus Groups: Conference attendees especially appreciated the discussion of local meth-related problems.
  - Other: Local high school students will be designing meth awareness brochures.

- Process measures:
  - 98 people were served, ages 13 - 72.

- Leveraging:
  - Seven volunteers provided 30+ volunteer hours.
  - In-kind support included use of the Dayton School facilities valued at $100.

Activity #3: Red Ribbon Week

- Risk and Protective Factor(s): Early Initiation of Problem Behavior.

- Goal/Program Focus: To increase students' knowledge of the dangers of drug use.

- Target Groups: Grades 1-5.

- Prevention Activities: Columbia County Community Mobilization Against Substance Abuse and Violence, Columbia County Tobacco Coalition, and the Dayton School District jointly sponsored Red Ribbon Week. Forty high school students, who trained in the *Teens Against Tobacco Use (TATU)* program, planned and presented to children in grades 1 - 4 a puppet show about the effects of smoking. Prevention education activities were conducted in grades 4 - 5. Students volunteered to design prevention posters. The Red Ribbon Week celebration culminated with our annual Drug-Free Community Halloween Party.

- Near-Term Objectives: To increase students' knowledge of the harmful effects of drug use.

- Long-Term Objectives: To reduce the long-term level of alcohol and tobacco use among participants.

- Measurement Tools/Methods and Results:
  - Participants' Report: Students attending the presentations increased their knowledge of the dangers of drug use. The Sheriff's Office reported no major incidents of vandalism on Halloween night.

- Process measures:
  - 160 students participated in Red Ribbon presentations. 300 people, ages 1 – 65, attended the Halloween Party.

- Leveraging:
  - 98 volunteers provided 75 volunteer hours valued at $1,240.
  - The use of Columbia County Fair Building was valued at $150.
  - Donated Halloween Party prizes were valued at $700.

Cowlitz County

Name of Program: <u>Cowlitz Substance Abuse Coalition</u>   **Contact: <u>Ramona Leber</u>**
Phone: <u>(360) 577-3041</u>

Mission Statement: To mobilize the community to be healthy and safe by reducing substance abuse and violence through the integrated efforts of collaboration, communication, cooperation, and cultural competency.

Activity #1: Parent/Family Skills Training: Strengthening Families 10-14

♦ Risk and Protective Factor(s): Family Management Problems; Family Conflict; Early Initiation of the Problem Behavior; Bonding: Family Attachment; Bonding: Attachment to Prosocial Peers

♦ Goal/Program Focus: Parenting training.

♦ Target Groups: Families of 10-14 year olds.

♦ Prevention Activities: The Strengthening Families 10-14 Program is a best practice-parenting program. Five classes were held in rural Cowlitz County. The whole family was trained in seven weekly sessions, plus two booster sessions, with each session including skill development, a meal, and family time. The training was offered at rural schools. Most facilitators were school personnel or community members who had good relationships with parents in each program. All facilitators were trained in the curriculum. Each session taught parenting and relationship skills while exposing family members to positive adult role models who held healthy beliefs and clear standards. Collaborative partners included: WSU Cooperative Extension, Cowlitz County Human Services, school districts, service clubs, churches, and Community Mobilization.

♦ Near-Term Objectives: Improve parenting skills, decrease family conflict, and increase family members positive interactions with one another.

♦ Long-Term Objectives: Reduce divorce, domestic violence, and child abuse rates.

♦ Measurement Tools/Methods and Results:
   ◈ Survey data: <u>100 percent</u> of parents surveyed reported a decrease in family tension or family conflict (<u>41 percent</u> of those were significant decreases); parents reported significant improvements in setting consequences, rewarding their children, and calmly working out problems; parents reported significant decreases in blaming and criticizing and in losing their temper.
   ◈ Facilitators/Participants Report: Youth reported learning peer refusal skills and understanding their parents better. Parents reported being calmer in dealing with their children and a lessening of stress in the family. Facilitators reported a feeling of "community" being built between the families in the classes.

♦ Process measures:
   ◈ <u>131</u> family members from <u>41</u> families participated in the five classes.

◈ 85% of families that enrolled completed the seven-week program.

♦ Leveraging:
  ◈ 69 volunteers spent 568 hours in preparing and serving meals and providing childcare.
  ◈ In-kind support: $28,955 from collaborating agencies, including funding, training, meals, evaluation, and coordination. The schools provided gyms and classrooms free of charge.

Activity #2: Youth Yellow Pages

♦ Risk and Protective Factor(s): Early Initiation of Drug Use; and Healthy Beliefs and Clear Standards.

♦ Goal/Program Focus: Resource guide for youth.

♦ Target Groups: Middle and High School Youth.

♦ Prevention Activities: YYP is a pocket-sized resource guide for youth. It included phone numbers of interest, listings of available activities, and youth-friendly information on subjects of interest to youth including counseling, health care, suicide prevention, and alcohol and tobacco laws. Every middle school and high school-age youth in Cowlitz and Wahkiakum counties received *Youth Yellow Pages* through their school. Health care providers and social service agencies provided the guide to patients and clients. Youth Yellow Pages are used as resource booklets in Natural Helper training, substance abuse prevention curriculum, and youth advocacy training. An art contest provided a youthful cover for the booklet as well as recognition for the youth involved. Volunteers updated specific portions of the YYP. This was a cooperative project with the Cowlitz-Wahkiakum Youth Commission.

♦ Near-Term Objectives: Prepare and distribute 12,000 Youth Yellow Pages.

♦ Long-Term Objectives: Reduce overall ATOD use by youth.

♦ Measurement Tools/Methods and Results:
  ◈ Survey data: 70% of the 649 youth surveyed reported increased knowledge of services available to them; 74% reported increased knowledge of the dangers of drinking, using drugs, and smoking; 77% reported increased knowledge of youth violence and how to avoid it; 60% reported getting answers to questions on their health and feeling good about themselves emotionally; and 56% reported receiving help in making plans for their future.
  ◈ Teacher and Administrators report: Often the guide is found dog-eared and well used at the bottom of backpacks.
  ◈ Parents Report: Their youth keep the YYP handy and voluntarily read them at home.

♦ Process measures:
  ◈ 10,285 copies of Youth Yellow Pages were distributed in Cowlitz and Wahkiakum Counties in the current year through middle and high schools, public awareness events, and community agencies.

♦ Leveraging:
  ◈ The company that printed the guide provided a portion of its services in-kind (value $2,857). Health care agencies provided $1,000 support, and community-based organizations provided another $1,000 in support.

COMMUNITY MOBILIZATION
Program Summary, July 2002– June 2003

Ferry County

Name of Program: Ferry County Community Mobilization   **Contact: Carolyn Blake**
Phone: (509) 775-3723

Mission Statement: To provide funds to communities to develop and implement targeted, coordinated, and prioritized strategies to reduce the impact and incidence of substance abuse and violence.

Activity #1: Mentoring Right Track

♦   Risk and Protective Factor(s): Early Initiation of the Problem Behavior.

♦   Goal/Program Focus: To promote healthy lifestyle choices through mentoring and physical activities.

♦   Target Groups: Senior High Youth and Elementary Youth.

♦   Prevention Activities: High school track team members mentored elementary youth using track and field activities to set goals and to make healthy lifestyle choices including physical exercise, healthy diet, good self-esteem, and early avoidance of substance use and abuse.

♦   Near-Term Objectives: Youth will set realistic goals, experience good health through nutrition and exercise choices, improve self-esteem, and develop habits that reduce the likelihood of becoming involved in risky behaviors and violence.

♦   Long-Term Objectives: Youth will benefit from the association with mentors and positive social contacts, leading to healthy choices of activities, nutrition, and social interrelationships throughout their lifetimes.

♦   Measurement Tools/Methods and Results:
    ◈   Self-Administered Community Mobilization Scorecard: On the scorecard, the county gave itself an almost perfect score—75 out of a possible 76.
    ◈   Anecdotal parent, teacher, and participant reports: All participants demonstrated "hands on" skills increase. Youth gained pride and self-esteem.
    ◈   Individual Domain Survey: 408 people were surveyed, pre- and post-test. The results were outstanding, with individual item tests of significance at 0.03, 0.007, 0.008, and 0.015, indicating that clients in the program had less rebellious and depressed responses on the survey.

♦   Process measures:
    ◈   90 people were served, ages 9 - 19.

♦ Leveraging:
  ◈ 30 volunteers provided 120 volunteer hours valued at $12 per hour for a total of $1,440.

Activity #2: 20/20 Reading and Mentoring Program

♦ Risk and Protective Factor(s): Extreme Economic Deprivation; Social Skills; Opportunities for Pro-Social Community and School Involvement; and Prosocial Peer Attachment.

♦ Goal/Program Focus: Build strong and positive bonds with both community and family, and increase work and social skills.

♦ Target Groups: Students K - 4 and their 12th grade mentors.

♦ Prevention Activities: K - 4 students read for 20 minutes for 20 days each month. Parents listen to their child read at home and keep track of reading time on a special 20/20 calendar. The 12th grade students monitor/read with the K - 4 students. Teachers and students have monthly celebrations of their reading accomplishments. Each class takes turns presenting an activity related to reading. Refreshments are served and free books awarded to those who complete their 20/20 reading three times. The 12th graders are rewarded for their participation with a drug- and alcohol-free party after graduation.

♦ Near-Term Objectives: Learn new skills and develop relationships in a positive setting with both peers and mentors.

♦ Long-Term Objectives: Improve self-esteem, increase academic achievement, and increase work and social skills.

♦ Measurement Tools/Methods and Results:
  ◈ Self-Administered Evaluation Tool: CM Scorecard—see results reported above.
  ◈ Students wrote about how the 20/20 club helped them. They were quite positive. One girl wrote, "20/20 helps me remember to read and I love getting free books." Another said, "I read because I like to read and it makes me a better reader and I can learn more stuff." Parents reported that their kids read more willingly since 20/20 started. Teachers see a higher interest in reading, and books at school.

♦ Process measures:
  ◈ 90 people were served, ages 5 - 18.

♦ Leveraging:
  ◈ 80 volunteers provided 2,700 volunteer hours at $12 per hour for a total of $32,400.
  ◈ In-kind support included refreshments valued at $135, printing of 20/20calendars and letters valued at $200, and teacher time dedicated to the program valued at $4,500. Total in-kind totaled $37,235.

Garfield County

Name of Program: Garfield County Substance Abuse Prevention   **Contact: Linda K. McKeirnan**
                                                                        Phone: (509) 843-3791

Mission Statement: To promote, support, and educate substance abuse prevention to the school, community, and home.

Activity #1: After School Recreational Activities

♦ Risk and Protective Factor(s): Favorable Attitudes Toward the Problem Behavior.

♦ Goal/Program Focus: To keep participants engaged in positive, drug-free activities that encourage them to make good choices in their lives.

♦ Target Groups: Students aged 4 through 18.

♦ Prevention Activities: Participants of various ages were engaged in numerous activities with adult supervision. These organized groups provided instruction and direction on remaining focused on positive activities, which helped young people develop skills and attitudes that would help them remain drug-free and happy.

♦ Near-Term Objectives: To provide a safe, healthy environment for young people.

♦ Long-Term Objectives: To teach young people to make wise and safe choices in their future.

♦ Measurement Tools/Methods and Results:
   ◈ Survey data: Students who attended various activities on a regular basis showed increased interest and participation in organized activities.
   ◈ Focus Groups: Parents of participants reported attitude changes in their children, which lead to their children becoming more cooperative and desiring to be active and involved. Participants were more responsive to supervision and direction after regular involvement in the programs.

♦ Process measures:
   ◈ 200 people were served, ages 4 - 18.

♦ Leveraging:
   ◈ 50 volunteers provided 300+ volunteer hours.
   ◈ In-kind support included: 1) Activity locations donated in schools, churches, homes, and clubs, valued at $1,000+; and 2) Private donations received for $500+.

Activity #2: After School Excellence Program

♦ Risk and Protective Factor(s): Early and Persistent Anti-Social Behavior; Lack of Commitment to School; and Academic Failure Beginning in Late Elementary School.

♦ Goal/Program Focus: To increase academic skills of all participants and help them gain the skills to help them succeed in the future.

♦ Target Groups: Students in grades 3 through 6 that are identified by teachers or parents as struggling academically or socially.

- Prevention Activities: After-school program held four days a week, from 3:30 - 430 p.m. This program provided one-on-one tutoring, mentoring, and recreation activities.

- Near-Term Objectives: To raise participants grades on quarterly report cards.

- Long-Term Objectives: To increase school performance and social skills of participants throughout their academic career.

- Measurement Tools/Methods and Results:
  - Survey data: Students who came on a routine basis showed an improvement in quarterly grades, typically in every subject.
  - Focus Groups: Parents in these groups had favorable comments about their children's performances. Students, on the whole, enjoyed being in the program and were very proud of their increased academic performance.

- Process measures:
  - 23 people were served, ages 7 - 13.

- Leveraging:
  - Six volunteers provided 50+ volunteer hours.

Activity #3: Community Leadership Meth Training

- Risk and Protective Factors: Healthy Beliefs and Clear Standards; Support Activities; Opportunities for Pro-social School Involvement; and Early Initiation of the Problem Behavior.

- Goal/Program Focus: To train community professionals on the dangers of methamphetamine (meth), and the availability of resources within our community for active Meth Labs to operate.

- Target Groups: Businessmen within the community, i.e.: fertilizer companies, pharmacies, and grocery stores that sell essential products for the manufacture of Meth. Another target group included farmers who might have tanks of fertilizer stored on their property for short periods of time.

- Prevention Activities: Information was circulated among community members concerning meth activities. The big event for this program was a presentation by Roger Lake to more than 50 community members on the facts and statistics about meth and its production and consequences. This presentation was extremely well done and received.

- Near-Term Objectives: To make community members and businessmen aware of the dangers of meth and its availability.

- Long-Term Objectives: To make community members and businessmen active participants in shutting down meth production in Garfield County by limiting and/or restricting sales and using more security in delivering products.

- Measurement Tools/Methods and results:
  - Focus Groups: Businessmen reported limiting sales of sensitive products. They also were able to identify two couples who were purchasing these supplies on a regular bases and refer them to local law enforcement officials.
  - Key Informants: Local law enforcement departments were able to substantially reduce meth activity because they were able to identify and sustain possible meth activity early in the production due to information received from key informants, i.e. local businessmen and community members trained at this presentation.

- Process Measures:
  - 50+ adults were served.

- Leveraging:
  - Two volunteers provided 20 volunteer hours.

COMMUNITY MOBILIZATION
Program Summary, July 2002– June 2003

Grant County

Name of Program: Community Organizing   **Contact: Wendy Hanover**
                                                                                                         Phone: (509) 765-5402

Mission Statement: To provide treatment, education, and prevention services for substance abuse to facilitate community wellness to the Greater Grant County Area.
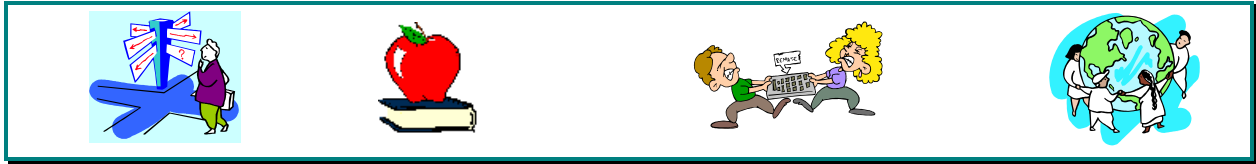
Activity #1: Community Organizing Activities

♦ Risk and Protective Factor(s): Favorable Attitudes Toward the Problem Behavior, and Academic Failure.

♦ Goal/Program Focus: To increase the capability of the community to address and prevent ATOD use.

♦ Target Groups: Grant County community members.

♦ Prevention Activities:
  ◈ Coordinated a Latino Youth Conference for over 75 sixth and seventh grade Latino youth across Grant County. The conference included activities on self-esteem, positive role models, keynote speakers, and team building/problem-solving activities. The conference included over 20 community volunteers; local businesses and organizations donated over $350 in prizes.
  ◈ Community Mobilization participated and networked with other groups in the county, including the Family Policy Network of Grant County, Soap Lake Youth Violence Prevention Board, Community Resource Forum, Grant County Meth Action Team, three school districts, the North Central ESD, and the Grant County Health District.
  ◈ Published a quarterly newsletter highlighting prevention activities in the county.
  ◈ Leveraged $73,000 in funding to begin a *Reducing Underage Drinking* program for the 2003-2005 biennium.
  ◈ Provided alcohol and other drug prevention information and materials in English and Spanish to over 1,500 youth and adults.
  ◈ Coordinated a mentor program for 12 Latino middle school youth in Moses Lake.
  ◈ Coordinated the Grant County Meth Action Team with 19 regular members.
  ◈ Coordinated the *Life Skills Training* for 23 seventh grade students.
  ◈ Facilitated portable challenge activities to 14 adults and 82 youth.
  ◈ Assisted with the coordination of a Community Resource Forum. The forum provided an avenue for community agencies to coordinate and discuss local issues, and to learn about various programs.
  ◈ Implemented a Drug-Free Washington Month Poster contest for youth in Grant County; over 150 youth submitted posters.

- ◈ Assisted in coordinating an after-school program for <u>61</u> fourth and fifth grade students. The after school program included the "research-based" *All Stars* program.
- ◈ Leveraged <u>$53,000</u> to enhance and expand the *Latino Youth Mentor Program* for the 2003-2004 year.

♦ Near-Term Objectives: Increase community knowledge of ATOD prevention, opportunities for youth to participate in positive activities, and the number of community members participating in ATOD prevention.

♦ Long-Term Objectives: Reduce overall level of ATOD abuse among youth.

♦ Measurement Tools/Methods and Results:
- ◈ Survey data: Pre/post surveys were used for the following programs.
  - ▪ Life Skills Training: Surveys indicated increase in use of decision-making skills.
  - ▪ All Stars: Surveys indicated increase in perception of harm for ATOD use.
  - ▪ Portable Challenge: Survey indicated an increase in students who reported that they always or often used good communication skills, and they always or often felt they were able to express their feelings.
  - ▪ Latino Youth Mentor Program: Quality of Mentor Relationship Survey scores were comparable with the scores of the successful Big Brothers/Big Sisters Mentor Program.
  - ▪ Latino Youth Conference: Post-conference survey results indicated that 92 percent of conference participants felt they acquired useful or very useful information.
- ◈ Other: Student grades were used to evaluate the after-school programs. All but one student had an increase in grades.

♦ Process measures:
- ◈ <u>370</u> people were served, ages <u>six - adult</u>.
- ◈ <u>1,500+</u> people were served at large events.

♦ Leveraging:
- ◈ <u>26</u> volunteers provided <u>562</u> volunteer hours.
- ◈ In-kind support: prizes were donated, valued at over <u>$350</u>; and space for programs was donated, valued at $25/session with approximately 111 sessions for a total of <u>$2,775.</u>

COMMUNITY MOBILIZATION
Program Summary, July 2002– June 2003

Grays Harbor County

Name of Program: <u>Community Mobilization</u>   **Contact: <u>Vera Kalkwart</u>**
Phone: <u>(360) 532-8665 x 284</u>

Mission Statement: To provide a safe, positive and enriching environment in which youth can academically succeed and strengthen personal skills and development.
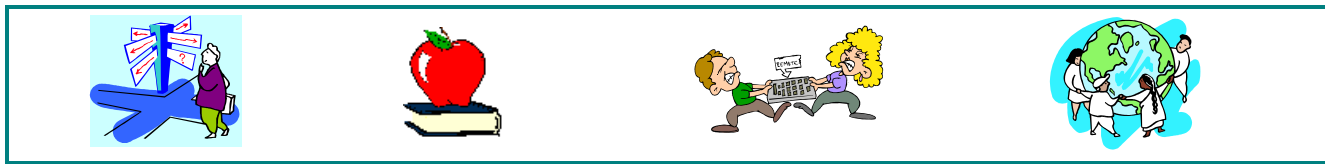
Activity #1: Harbor After School

♦ Risk and Protective Factor(s): Lack of Commitment to School; and Favorable Attitudes Toward the Problem Behavior.

♦ Goal/Program Focus: To serve approximately 300 middle school youth in an after-school program promoting healthy relationships, academic achievements, personal skill building, and recreation in a safe environment.

♦ Target Groups: Middle school students at Miller and Elma Junior High Schools.

♦ Prevention Activities: Academic assistance, field trips, recreational activities, Reading Buddy Club, Math Study Hall, substance abuse prevention campaign, arts and crafts, sports, technology, Girls Inc., and peer mediation. The after-school program served 555 students between the two sites (Elma and Miller Junior High). The program was a "drop in" program and more than 100 students participated on a daily basis. Students joined the after-school program through referrals by teachers, parents, and by their own choice. The fact that students are not "required" to participate, yet chose to repeatedly attend the program, is a testament to the quality of the program and the staff with whom the students interact.

♦ Near-Term Objectives: Enroll 350 youth in the after-school program; improve their attendance and school performance during the school year.

♦ Long-Term Objectives: To positively influence middle school youth's academic skills and personal development, which will affect their achievement in high school and beyond.

♦ Measurement Tools/Methods and Results:
   ◈ Survey data: Seaberts and Associates evaluated the program where satisfaction surveys were conducted with parents, teachers and students. Additional review of the student's grades, attendance, and discipline was completed. Some of the data indicates the following:
      • 76% of parents believe the after-school program assisted their child to complete homework.
      • 96% of parents recognized that their child enjoyed participating in the after-school program.
      • 95% of the students felt the program helped them complete assignments.
      • 41% of students believed they were doing better in school because of the after-school program.
      • 73% of teachers believed the program helped to improve students' academic performance.
   ◈ Other: Based on student, parent, and school personnel responses to the program, Harbor After School will continue to serve students in the next school year, and has written grants to expand capacity into other school districts.

♦ Process measures:
   ◈ <u>555</u> students were served, with an average daily attendance of 100 students at each site.

♦ Leveraging:
   ◈ Local schools and businesses provided <u>$121,190</u> in-kind support.
   ◈ <u>$128,659</u> in donations and other grant funding was received in 2002.

Activity #2: Homeless Youth Project

♦ Risk and Protective Factor(s): Lack of Commitment to School; Rebelliousness; and Favorable Attitudes Toward the Problem Behavior.

♦ Goal/Program Focus: To stabilize homeless youth, connect them to local social services, and engage them in educational and/or vocational services.

♦ Target Groups: Homeless youth in Grays Harbor County under the age of 21.

♦ Prevention Activities: Work with homeless teens on an individual basis, assessing their needs for stabilization, education, and vocational services. Program services are voluntary and youth may self-refer, or referrals for service may be received from school personnel, social services, law enforcement, or others. Youth need not be out of school to receive services. Referrals were received from: Schools (6), Churches (3), Law Enforcement/Juvenile Justice (2), Social Services (6), Invitation/staff recruitment (19), Friends (3), Advertising (1). Services were provided in collaboration with local community agencies such as: Salvation Army for clothing and food; Catholic Community Services for housing and bus fare; Coastal Community Action for housing needs and stabilization; Set Free Church; Union Gospel Mission & Friendship House; The Other Bank for hygiene products; Grays Harbor County Health Department; and the Grays Harbor County Housing Authority.

♦ Near-Term Objectives: To provide immediate shelter, independent living skills, and educational and/or vocational services to youth expressing need.

♦ Long-Term Objectives: To increase teen's academic achievement, and prepare the teen for competitive employment.

♦ Measurement Tools/Methods and Results:
   ◈ All eligible youth received a "homeless backpack" that included shampoo, brushes, combs, bus tokens, calling cards, deodorant, soap, toothpaste, toothbrushes, tampons, laundry detergent, razors, shaving cream, food storage containers, granola bars, crackers, restaurant coupons, and applesauce.
   ◈ Seven youth received parenting support and assistance with daycare.
   ◈ Of the 27 youth not currently engaged in an academic program, one youth completed his high school credits, five were admitted into the alternative high school, and the remainder either chose to work or were in the beginning stages of GED preparation.
   ◈ Of the 24 unemployed youth, 12 were assisted in gaining employment and three enrolled in the youth federal job-training program (WIA). The remaining nine youth continued to receive support working toward their employment goals.

♦ Process measures:
   ◈ 40 people were served under the age of 21.
   ◈ Program Client Demographic information reveal that:
      • 36 youth, and an additional four under the age of 10, were served—20 males and 20 females.
      • 33 White/European American, six African-American or Black, one American Indian.
      • Of the 40 youth, 24 were unemployed.
      • Three youth were living with guardian parents in automobiles or sleeping on the floor of a friend's home; and 33 were living with friends, couch surfing, or living on the street with no stable shelter.
      • Eight teens reported having a substance abuse/addiction disability, four reported learning disabilities, and two reported mental/psychological disabilities.
      • 13 of the teens were in school, while 27 of the teens were not enrolled in any public or private school or academic program.
      • Seven youth were teen parents, and two were pregnant during the services of the program.

♦ Leveraging:
   ◈ In kind support: An estimated value of $5,000 came from Coastal Community Action, Heart and Hands, Neighborhood Housing, Aberdeen Housing Authority, and The Friendship House (shelter for females).

Island County

Name of Program: South Whidbey Youth Center   **Contact: Mindy Gardner**
                                                                   Phone: (360) 221-4142

Mission Statement: To actively build and promote healthy communities.

Activity #1: ATOD-Free Youth Programs: After-School Drop-In, Late Night, After Hours and Heads Up Mentoring

♦   Risk and Protective Factor(s): Low Neighborhood Attachment and Community Disorganization; and Early Initiation of the Problem Behavior.

♦   Goal/Program Focus: Enhance social skills of high-risk youth, build group cohesion among and between youth for Prosocial behavior, and increase exposure to positive adult or older peer role models.

♦   Target Groups: Youth, ages 10 - 19. All youth were welcome, but emphasis was given to youth not involved in other activities, youth at risk of teen pregnancy, and youth referred by the schools.

♦   Prevention Activities: After-school programs offered supervised ATOD-free youth activities—recreation, community service, mentoring, enrichment classes, field trips, food, and interactive fun. Programs were tied to community policing strategies and community/school policies; promoted positive involvement; and modeled appropriate behavior.

♦   Near-Term Objectives: Increase bonding with peers and adults; decrease levels of substance abuse within the past 30 days; improve academic performance; and build a more positive view of the community.

♦   Long-Term Objectives: Countywide reduction in the risk factors of Low Neighborhood Attachment and Community Disorganization, and Early Initiation of the Problem Behavior.

♦   Measurement Tools/Methods and Results:
  ◈   Survey data: Reflected an increase in prosocial behavior, bonding with adults, and self-esteem.
  ◈   Focus Groups: Youth experienced an increase in feeling accepted by adults, and increased the number of hours they engaged in positive activities (frequent participants). Youth decreased their use of ATOD, enjoyed the available activities, and planned to continue participating.
  ◈   Law enforcement noted a decrease in teen crimes during the hours of program operation. Youth learned new skills and felt more respected by adults and peers.

♦   Process measures:
  ◈   1,565 people were served, ages 11 - 18.

♦   Leveraging:
  ◈   4,631 volunteers participated.
  ◈   In-kind support included food and supplies valued at $6,000, and security and rent-free facility use valued at $17,610.

Activity #2: Parent Education and Support

♦   Risk and Protective Factor(s): Family Conflict.

♦   Goal/Program Focus: Increase capacity of parents to effectively parent their children.

- Target Groups: Parents/guardians of children (birth – 18) on North Whidbey Island and in Stanwood/Camano. Emphasis on families needing special services as evidenced by family conflict.

- Prevention Activities: Parent education, support groups, and counseling.

- Near-Term Objectives: Improve family management skills; increase positive interactions and feelings among family members; improve communication between parents/guardians; and reduce family conflict.

- Long-Term Objectives: Countywide reduction in risk factor of family conflict.

- Measurement Tools/Methods and Results:
  - Survey data: Reflected a 20% increase in parenting skills in communication, consistent limit setting, problem solving, and constructing logical consequences; as well as an increased sense of parental competency, and a decrease in family conflict and unresolved problems.
  - Teachers/Parents/Participants reported: 62% decreased yelling at home; 76% increased confidence in parent-child relationships; 63% increased consistency with structuring household rules; 58% reported actually using methods learned.

- Process measures:
  - 71 people were served, ages 16 – 65, through parenting education courses, consultations, resource information, and referral services.
  - 978 people, ages 14 – 65, received resource and referral information.

- Leveraging:
  - Five volunteers provided 396 volunteer hours.
  - In-kind support included use of meeting space, materials, and food valued at $6,089.

Activity #3: Community Mobilization and Technical Assistance

- Risk and Protective Factor(s): Low Neighborhood Attachment and Community Disorganization.

- Goal/Program Focus: Increase the capacity of community members and groups to effectively address substance abuse and violence issues.

- Target Groups: Community members in Island County, ages 11 and older. Emphasis was on interaction and/or collaboration with diverse groups, agencies, and organizations.

- Prevention Activities: Collaboration and information sharing with schools, businesses, law enforcement, community members, social service agencies, and faith communities. Agencies involved: South Whidbey Youth Center, Central Whidbey Youth Coalition, Catholic Community Services, Stanwood-Camano Community Resource Center, and Partnership with Youth.

- Near-Term Objectives: Increase by 20 percent the number and/or participation in community–based meetings sponsored or facilitated by community mobilization.

- Long-Term Objectives: Countywide reduction in the risk factor of Low Neighborhood Attachment and Community Disorganization.

- Measurement Tools/Methods and Results:
  - Survey data: Reflected increased cooperation among community organizations.
  - Focus Groups: Reflected success based on common beliefs, interests, and diversity; an increased sense of community purpose; and a sense that we are making a difference in the lives of youth.

- Process measures:
  - Key Informants reported high levels of collaboration and cooperation.

- Leveraging:
  - Coalitions secured over $1.5 million for substance abuse prevention, including a $750,000 Community Development Block Grant to build a multi-generational community center on South Whidbey.

Jefferson County

Name of Program: Jefferson County Community Mobilization   **Contact: Beth Wilmart**
                                                                          Phone: (360) 379-4495

Mission Statement: To reduce youth substance abuse and violence by creating a sense of community ownership of the problems and solutions; forging community/provider partnerships and alliances; using available data to drive program decisions; evaluating current and emerging community resources; funding local and culturally-relevant approaches to addressing identified problems; and recommending legislative action.

Activity #1: Youth Center Support—The Boiler Room/Port Townsend; Tri-Area Teen Center/Port Hadlock; and The Quilcene Teen Center

♦   Risk and Protective Factor(s): Community Laws and Norms Favorable Toward Drug Use.

♦   Goal/Program Focus: To provide a variety of recreational and creative activities for school-aged youth in non-school settings that promote substance- and violence-free lifestyles.

♦   Target Groups: School-aged adolescents through their 20's. Emphasis was on at-risk individuals.

♦   Prevention Activities: Recreational, artistic, and support group activities in a comfortable setting. Specific activities included dances, poetry nights, discussion groups, pool, Internet, movie nights, and community jobs boards. One program served as a neighborhood coffee shop.

♦   Near-Term Objectives: Improve organizational functioning that specifically promoted substance- and violence-free lifestyles, as evidenced in policies, staff and volunteer training, and specific prevention-oriented activities.

♦   Long-Term Objectives: Establish an identity within the community as a resource for at-risk youth that prevents/deters their initiation into substance abuse, provides a network of non-using peers, influences intent to use, and provides access to help for youth with difficulties related to substance abuse or violence.

♦   Measurement Tools/Methods and Results:
   ◈   Focus Group Evaluation: Three burning issues emerged from the initial discussion held in August 2002.
      •   How to deal with drug and alcohol issues.
      •   Older kids at times "hitting up" on younger kids.
      •   The need to improve public perceptions concerning the value of the youth center.
   ◈   Three secondary issues also emerged:
      •   Older kids intimidating younger kids.
      •   Attracting and maintaining volunteers and patrons.
      •   The need for community members to participate, teach, share their abilities, and be mentors.

   ◈   After identifying problems and challenges, the rest of the focus group session was devoted to participants working through and coming to agreement on solutions. The participants practiced

assertive responses, and identified communication lines to receive help should it be needed in responding to difficult situations. As a result of the challenges that were identified during the exercises, the youth center contract now includes requirements for posted and enforced policies regarding substance abuse and aggressive behaviors.

- ♦ Process measures:
  - ◈ <u>1,000</u> people were served, ages <u>8 - 24</u>.

- ♦ Leveraging:
  - ◈ <u>120</u> volunteers provided <u>1,000+</u> volunteer hours.
  - ◈ In-kind support included: <u>$19,700</u> in match. This encompassed cash donations, furniture, recreational and technological equipment, games, books, and movies. One organization housed a weekly soup kitchen hosted by church-affiliated volunteers.

Activity #2: Healthy Youth Coalition

- ♦ Risk and Protective Factor(s): Community Laws and Norms Favorable Toward Drug Use.

- ♦ Goal/Program Focus: To increase local youth program providers' ability to conduct effective science-based prevention activities, and model healthy values and expectations concerning substance use, violence, and other anti-social behaviors.

- ♦ Target Groups: Providers and community members—including youth program providers, other service providers, school/law enforcement/court personnel, government officials, and community members. Focus was school-aged children and youth; universal and at-risk populations.

- ♦ Prevention Activities: Monthly meetings that provide opportunities for networking; learning about new programs and prevention-oriented initiatives; sharing local data and program evaluation results; and providing relevant training to participants in the areas of grant writing, cultural awareness, risk and protective factors, and program evaluation.

- ♦ Near-Term Objectives: Increase the healthy functioning of the coalition's internal structure and overall functioning, as evaluated annually by a federal Drug-Free Communities Grant.

- ♦ Long-Term Objectives: Increase proactive functioning of the coalition as demonstrated by member-initiated meetings, community projects, and the development of a five-year county prevention plan. Increase the proficiency of youth service providers to develop, implement, and evaluate successful prevention-based programs.

- ♦ Measurement Tools/Methods and Results:
  - ◈ Survey data: Baseline surveys conducted in 2002/2003 by Community Mobilization Program and Drug-Free Communities grant staff.

- ♦ Process measures:
  - ◈ <u>75+</u> members, with about <u>30</u> members attending each meeting. A recruitment campaign resulted in an increased number of community and business members. Training evaluations were favorable.

- ♦ Leveraging:
  - ◈ Volunteers provided <u>200+</u> volunteer hours.
  - ◈ In-kind support included: <u>$100,000</u> annual federal grant that emphasized coalition strengthening and evaluation.

COMMUNITY MOBILIZATION
Program Summary, July 2002– June 2003

King County

Name of Program: King County Community Organizing Program   **Contact: Laura E. Edwards**
Phone: (206) 296-5250

Mission Statement: To involve every community in King County in substance abuse and violence reduction/prevention/intervention strategies, and to increase community attachment.
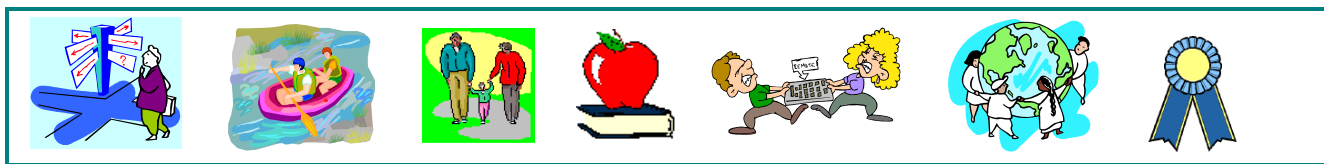
Activity #1: After School Programs; Drug and Alcohol Free Youth-Led Events; Youth Leadership Activities and Councils

♦ Risk and Protective Factor(s): Favorable Attitudes Toward the Problem Behavior; and Friends Who Engage in the Problem Behavior.

♦ Goal/Program Focus: Increase alcohol and drug resistance skills; decrease favorable attitudes towards drugs and violence; support non-using youth; and create opportunities for youth to develop leadership and Prosocial life skills.

♦ Target Groups: Middle school and high school youth.

♦ Prevention Activities: Activities occurred throughout King County, including: South Lake High School's Project Discovery that supported youth making healthy choices; Game of Life conference involving 30 people in planning with over 1,000 youth attending; Shoreline's Community Resource Team that provided programming to support youth acquiring drug, alcohol and violence prevention strategies and skills; and the Manana Coalition which supported Latino Youth organizing against gang involvement, and positive youth leadership.

♦ Near-Term Objectives: Increase youth knowledge of consequences of use; decrease favorable attitudes toward violence; and develop positive conflict resolution skills.

♦ Long-Term Objectives: Decrease favorable attitudes toward substance abuse and violence.

♦ Measurement Tools/Methods and Results:
  ◈ Survey data:
    ▪ Increased emphasis on drug- and alcohol-free activities, and awareness of healthy lifestyle choices.
    ▪ Increased conflict resolution skills, and awareness of non-violent problem-solving choices.
    ▪ Increased commitment to school.
  ◈ Young participants reported:
    ▪ "Since coming to this program, I haven't wanted to use (marijuana)."
    ▪ "I know now that there are some other ways to work things out instead of calling someone out and getting in a fight."

♦ Process measures:
  ◈ 2,693 people were served, ages 12 - 18.

♦ Leveraging:
  ◈ Volunteers provided 522 volunteer hours.
  ◈ $13,942 awarded to 18 community coalitions leveraged $42,114 in community match.

Activity #2: Parenting and Family Support, and Support for Refugee and Immigrant Populations.

♦ Risk and Protective Factor(s): Family History of the Problem Behavior; and Family Management Problems.

♦ Goal/Program Focus: Increase knowledge of substance abuse and violence prevention messages for parents; increase ability to manage family history of substance abuse and violence; and increase community support for families who are at risk of youth involvement in the problem behavior.

♦ Target Groups: Parents and families of high-risk youth.

- Prevention Activities: These family support activities included projects such as the *Middle School Parenting for the Drug-Free Years* series in middle schools; a "Parent University" on Vashon Island; a safe house program in Kent; and support for the *Seattle Men Organizing Against Violence*.

- Near-Term Objectives: Increase families' skill-levels in problem solving and setting clear standards.
- Long-Term Objectives: Increase at-risk families' capacities to deal with family management problems.

- Measurement Tools/Methods and Results:
  - Survey data:
    - Increased awareness of community support options and attachment to community resources.
    - Increased skills in talking to youth about substance use and non-violent problem solving.
  - Parents attending reported:
    - "I don't know what we would have done without this information; we have been almost afraid to talk to our teen after the young man was shot in the Shoreline school district…now we can have a family conversation…and we feel like we are prepared to talk to him."
    - "I know we can do a better job now of dealing with conflict in our family…we think this will help with our son's bullying problem at school…maybe we can help him deal with what's going on without fighting."
    - "I now know where to go if I think my kid is using…and what to look for if he is."
- Process measures:
  - 635 parents were served.
- Leveraging:
  - Volunteers provided 942 volunteer hours.
  - $10,200 spent in seven communities leveraged $23,701+ in local community match.

Activity #3: Community Strategies—Multi-Cultural Community/Block Events; Youth Leadership Events; Anti-Bullying Awareness Programs; and Drug, Alcohol and Violence Prevention

- Risk and Protective Factor(s): Low Neighborhood Attachment and Community Disorganization.

- Goal/Program Focus: Increase community attachment and sense of belonging; increase sense of community safety; decrease community disorganization; and increase collaboration and partnership.

- Target Groups: Community members throughout King County.

- Prevention Activities: Community mobilization and partnership building, including the countywide Meth Action Team; Community Action For Cambodian Youth; Latino Youth Organizing Project; Issaquah Youth Advisory Board's youth leadership day; and the White Center Community Development Association that involved over 30 people of all ages doing graffiti cleanup.

- Near-Term Objectives: Increase community organizational capacity.
- Long-Term Objectives: Increase effectiveness of community-based prevention strategies.

- Measurement Tools/Methods and Results:
  - Survey data:
    - Increased sense of positive community attachment, and decreased incidence of graffiti and vandalism.
    - Increased number of youth who feel valued by their community.
    - Increased knowledge about safety, health, and coping skills to make healthy decisions.
    - Increased social support; decreased sense of isolation; and increased youth referrals for help.
  - Community and youth participants report:
    - "It's like a whole new neighborhood!"
    - "I feel so much safer in my community now that we have gotten together…"
    - "I had no idea there are so many of us working on drug and alcohol issues…I think our only hope in getting ahead of this problem is if we all work together."
- Process measures:
  - 5,833 people were served, ages 12 – 80.
- Leveraging:
  - 209 volunteers provided 831 volunteer hours.
  - $25,379 spent in 41 communities leveraged $80,554 in local community match.

Kitsap County

Name of Program: Community Mobilization Against Substance Abuse   **Contact: Mary Ellen de la Pena**
Phone: (360) 337-4878

Mission Statement: To support strategies, community coordination, and programs devoted to the reduction of the risk factors associated with substance abuse and violence.

Activity #1: Family Program

♦ Risk and Protective Factor(s): Family Management Problems.

♦ Goal/Program Focus: To reduce parental/family involvement in substance abuse, and increase family support for family members in recovery. The Family Program at the Kitsap Recovery Center offers counseling, education, and parenting classes to clients and their families during the weekend hours. The Kitsap Recovery Center is a chemical dependency treatment center primarily serving low-income clients through state and federal funding sources.

♦ Target Groups: Clients involved in chemical dependency treatment through the Kitsap Recovery Center, and their family members.

♦ Prevention Activities: Educational presentations and materials focusing on drug-free lifestyles, healthy family interaction, and positive family management skills.

♦ Near-Term Objectives: Clients and their families complete the educational series and report increased skill development and willingness to make use of the material presented.

♦ Long-Term Objectives: Clients reduce substance abuse as evidenced by not being readmitted for inpatient treatment.

♦ Measurement Tools/Methods and Results:
  ◈ Survey data: Out of approximately 750 questionnaires returned, 90% of the clients identified the Family Program component as very important. In addition, the Family Program and family issues were always among the clients' top three, most preferred, treatment topics out of dozens of other identified topics.

♦ Process measures:
  ◈ 1,400 people were served, providing 561 direct service hours.

♦ Leveraging:
  ◈ In-kind support included space and staff time donations valued at $6,100.

Activity #2: Domestic Violence Prevention Task Force

♦ Risk and Protective Factor(s): Family Management Problems.

♦ Goal/Program Focus: The Domestic Violence Task Force (DVTF) is a coalition of community members, treatment agencies, law enforcement, probation services, and justice and health district staff dedicated to improving interagency coordination related to domestic violence issues and educating the community about domestic violence.

♦ Target Groups: All community members.

♦ Prevention Activities: The activities of the DVTF are primarily education and dissemination of information through the annual Domestic Violence Summit, ongoing community training events, and resource brochure distribution.

♦ Near-Term Objectives: To provide educational presentations and resource material on a continuing basis and to increase the number and variety of venues for information distribution.

♦ Long-Term Objectives: To provide educational information annually to at least 500 community members, and to distribute at least 3,000 resource brochures.

♦ Measurement Tools/Methods and Results:
  ◈ Survey data: The Domestic Violence Task Force (DVTF) was the focus of the required CM 2001-2002 Outcome Evaluation. The evaluation asked two questions: 1) Are the activities organized by the DVTF increasing the safety of domestic violence victims? and 2) Does the community perceive the DVTF activities as effective? Data to answer these questions was collected from domestic violence victims living in the local shelter, DVTF Board members, and community members who had participated in DVTF activities. The results showed that while domestic violence victims did not know about the DVTF, they used resource information provided by the DVTF to get the help they needed. The DVTF was seen as an effective coalition by both DVTF Board members and by community members.

♦ Process measures:
  ◈ 535 people participated in training; 225 attended the Domestic Violence Summit.
  ◈ 1,600 newsletters and 7,000 resource brochures were distributed.

♦ Leveraging:
  ◈ 30 - 40 volunteers provided 500 volunteer hours, valued at $3,250.
  ◈ In-kind support included donations to the DVTF budget, amounting to $4,000.

Activity #3: Public Housing Family Support Camp

♦ Risk and Protective Factor(s): Family Management Problems.

♦ Goal/Program Focus: To promote family management skills and family bonding in a drug- and violence-free setting. This three-day camp experience provides the opportunity for families to enjoy time together in recreational and educational activities.

♦ Target Groups: Low income families living in public housing in Bremerton and Silverdale.

♦ Prevention Activities: Parent education and organized family activities including crafts, games/sports, eating meals together, boating, swimming, and singing.

♦ Near-Term Objectives: Increased awareness, competence, and commitment to family members; increased family communication skills; and increased pursuit of family recreation opportunities.

♦ Long-Term Objectives: Increased application of family management strategies as developed at Family Camp.

♦ Measurement Tools/Methods and Results:
  ◈ Other: Deb Howard, Community Services Director for the Kitsap Consolidated Housing Authority, observed: "This is a way to build positive family memories in a safe, supportive environment. Children and their parents try things together that they have never done before."

♦ Process measures:
  ◈ 85 people, ages 3 – 55, participated in the Family Camp.

♦ Leveraging:
  ◈ Five youth and adult volunteers, and three paid staff from the Housing Authority, contributed 105 hours valued at $683.
  ◈ In-kind support included donations to the camp rental (of $800), supplies, and paid staff time valued at $1,250.

Kittitas County

Name of Program: ADDS Prevention Program

Contact: **Melanie Hopkins**
Phone: **(509) 929-2711**

Mission Statement: To promote strategies and implement effective services that support all residents of the county in the prevention and reduction of substance abuse, addiction, and related problem behaviors. Recognizing that we are all affected by substance abuse, we will utilize information provided by a broad spectrum of community members in our efforts to bring this mission to fruition.
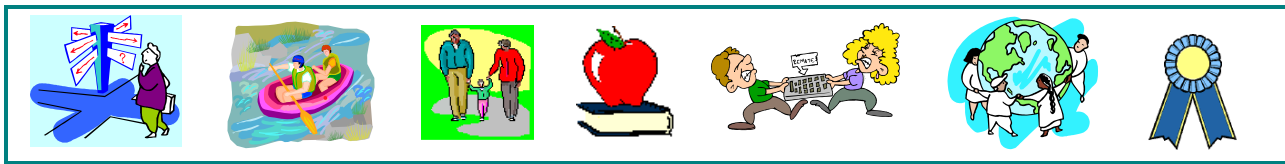
Activity #1: Youth Services, Events, and Youth Advisory Board

♦ Risk and Protective Factor(s): Rebelliousness; Friends Who Engage in the Problem Behavior; Favorable Attitudes Toward the Problem Behavior/Community: Opportunities for Prosocial Involvement.

♦ Goal/Program Focus: Provide skill-building activities and events for youth, ages 6 - 18.

♦ Target Groups: Youth, ages 6 - 18.

♦ Prevention Activities: Youth Advisory Board in Lower Kittitas County encouraged drug- and violence-free lifestyles by: 1) Developing board capacity, leadership skills, and ATOD knowledge via ATOD conferences and school presentations; 2) Conducting community service projects, to include creating and maintaining downtown gardens, and wrapping Christmas gifts for nursing homes; and 3) Organizing, promoting, and implementing alternative activities for county youth, to include bowling night, barbecue and swim day, Halloween party, and basketball night. Youth Services provided a Drop-In Center (open from 1 - 7 p.m. on Monday-Friday), supplying a safe and supervised place were youth could socialize. The Center offered foosball, pool, video games, art night, a mentoring program, and a computer lab. Youth Service also provided youth with organized events focused on Prosocial involvement, including dances, Karaoke, movies, art evenings, game nights, and meals.

♦ Near-Term Objectives: Provide youth with opportunities, skills, and recognition.

♦ Long-Term Objectives: Increase youth skills development and the ability to make healthy choices.

♦ Measurement Tools/Methods and Results:
   ◈ Survey data: Qualitative ethnographic interviews with participants, director, and staff indicated a high degree of bonding occurred between youth and director/staff; youth developed a sense of belonging; youth had something worthwhile to contribute and were acknowledged; youth had a place to develop social and academic skills; and youth were supported in having healthy beliefs and clear standards.
   ◈ Teachers/Parents/Participants verbal reports indicated: improved behavior of Youth Board Members and youth involved in local events, and appreciation by community members for the community service projects.

- Process measures:
  - ◈ 367 people were served, ages 6 - 18.
  - ◈ 304 drug- and alcohol-free activities were organized and implemented.

- Leveraging:
  - ◈ 68 volunteers from religious organizations, Central Washington University, the schools, the health department, private nonprofit organizations, businesses, and others were involved in the activity, providing approximately 721 volunteer hours.
  - ◈ Other in-kind: Donated food and drink from local businesses; special rates for bowling; venues for meetings and events at 52% of the CM grant.

Activity #2: Mediation Training and Parent/Youth Mediation Outreach

- Risk and Protective Factor(s): Low Neighborhood Attachment and Community Disorganization; Family Management Problems; Family Conflict; and Bonding.

- Goal/Program Focus: Mediation skills training.

- Target Groups: Law enforcement and social service agents.

- Prevention Activities: 1) 40-hour basic mediation training was offered to law enforcement and social service agents. Intensive outreach was provided to build community awareness and ascertain the need for the service; and 2) Intensive outreach was provided for the Parent/Youth mediation services in order to build community awareness and ascertain need for the service.

- Near-Term Objectives: Provide mediation skills training to law enforcement and social services agents.

- Long-Term Objectives: Increase the communication and conflict resolution skills of law enforcement and social services agents.

- Measurement Tools/Methods and Results:
  - ◈ Teachers/parents/participants reported:
    - ▪ Daily written evaluations were made during basic mediation training that allowed participants to reflect on the effectiveness of the training and their ability to understand the material.
    - ▪ Before and after each training, trainers/coaches provided written feedback assessing the skill level of each participant.
    - ▪ A written exam, four mock mediations, and three observations of real mediations were required for certification as a mediator for the Dispute Resolution Center. Coaches made recommendations regarding each individual's abilities.
    - ▪ Parent/Youth Outreach: The outreach worker kept a log of all contacts and speaking engagements, material covered, numbers present, and general audience response. Over 158 people were reached through personal contact and speaking engagements; approximately 5,000 people were exposed to the media campaign; and over 552 pieces of literature were distributed.

- Process measures:
  - ◈ 158 people were served, ages 16 – 66+.

- Leveraging:
  - ◈ 16 volunteers from the Community Health and Safety Network, Prevention Programs, legal services, private non-profit agencies, the general community, education, and juvenile justice were involved in the activity, providing 386 volunteer hours.
  - ◈ In-kind support included: Refreshments, meals, materials, and meeting space totaling 86% of the CM funding.

COMMUNITY MOBILIZATION
Program Summary, July 2002 – June 2003

Klickitat County

Name of Program: Community Mobilization   **Contact Person: Christy Field**
                                                   Phone number: (509) 493-1927

Mission Statement: To effectively address the problems of substance abuse and violence by promoting collaboration, communication, commitment, and cultural competency.

Activity #1: Community Organizing and Development of CM Board

♦ Risk/Protective Factor(s): Low Neighborhood Attachment and Community Disorganization; Healthy Beliefs and Clear Standards; and Opportunities for Prosocial Involvement: Community.

♦ Goal/Program Focus: Organize an effective prevention board or coalition.

♦ Target Groups: Adult and youth community members.

♦ Prevention Activities: To recruit, train, and maintain an active Community Mobilization (CM) Board to oversee the program. There has not been an active, functioning CM board for several months before this program coordinator was hired to provide CM services. The program was managed part-time by one of the board members on a volunteer basis. The first requirement was to identify agencies, organizations, and community members to serve on the CM board. Since there are many small, isolated communities in Klickitat County, this was a challenge. Contacts were made with numerous individuals associated with agencies and organizations that support the substance abuse and violence prevention effort. A few interested parties were identified; and recruitment continues. Meetings have been held with currently interested members to revitalize the board and determine its mission.

♦ Near-Term Objectives: To address local concerns around substance abuse and violence.

♦ Long-Term Objectives: To assist the Prevention Specialist in planning and augmenting programs which are effective and can be evaluated.

♦ Process measures:
   ◈ Three meetings were held with an attendance that varied from three to six people. Strategies for attracting more members were discussed. Members agreed to assist with recruitment.

Lewis County

Name of Program: Community Mobilization

Contact: Holli Spanski
Phone: (360) 740-1418

Mission Statement: Community members participating in creating and sustaining healthy communities, free from substance abuse and its related social ills.
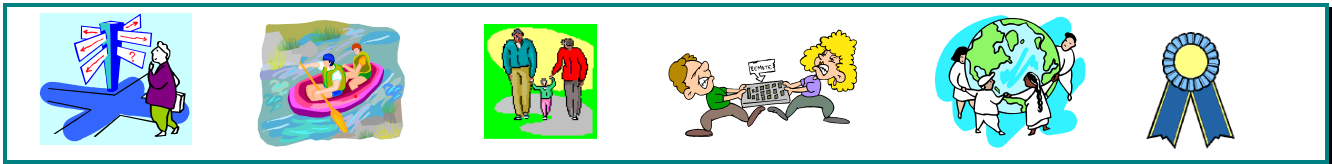
Activity #1: FIVE-0 (Families in Violence Education and Outreach)

♦ Risk and Protective Factor(s): Family Management Problems; Family History of the Problem Behavior; Favorable Parental Attitudes & Involvement in the Problem Behavior; and Healthy Beliefs and Clear Standards.

♦ Goal/Program Focus: Increase healthy, non-violent ways to communicate; increase ability to recognize ways that violence is portrayed in the media; and increase youth access to positive adult role models.

♦ Target Groups: Children (ages 4 – 6) and male youth (ages 10-13) who have witnessed domestic violence; and male youth (ages 10-13) who have exhibited violent behavior.

♦ Prevention Activities: The Human Response Network, a local service agency that deals extensively with sexual assault and domestic violence victims, is the subcontractor for this project. Children participate in weekly support groups and, as deemed appropriate, can access one-on-one support services. The majority of referrals come from school counselors. Staff members also go to schools and speak to classes about healthy relationships, role modeling, and ways to deal with family violence. In this reporting period, this message was delivered to 36 high school classrooms; 24 middle school classrooms; 13 elementary school classrooms; 2 classes of teens at Centralia Community College; a group at the Morton Teen Center; and 2 presentations were given at a teen chemical-dependency treatment center's education evening.

♦ Near-Term Objectives: Increase in positive interpersonal communication; increased awareness of societal factors condoning violence; and decrease in acceptance of violent behavior.

♦ Long-Term Objectives: Decrease in youth violence in schools and communities.

♦ Measurement Tools/Methods and Results:
  ◈ Survey data: participants in groups indicated they were glad for the chance to talk about their problems.

♦ Process measures:
  ◈ Eleven male youth, ages 10-14, attended weekly support groups.
  ◈ Five male youth, ages 10-14, participated in one-to-one sessions.
  ◈ 86 violence prevention presentations were made to rural schools, impacting over 1,518 youth.

Activity #2: 6th Graders' Night Out

♦ Risk and Protective Factor(s): Bonding; Healthy Beliefs and Clear Standards; Opportunities, Skills and Recognition.

♦ Goal/Program Focus: Provide youth with opportunities to increase awareness of issues they may face in junior high school.

♦ Target Groups: 6th grade youth.

♦ Prevention Activities: Through a collaborative effort, Centralia Parks and Recreation, and Thorbecke's Fitness Center, host a once-monthly two-hour program for 6th grade students. Participants can exercise, swim, learn/play volleyball or other sports, dance, do karaoke, play games, have snacks, and win prizes.

♦ Near-Term Objectives: Increase social skills; positive interaction between youth and community members; and youth awareness and knowledge of issues facing pre-teens.

♦ Long-Term Objectives: Reduce overall level of ATOD use and delinquency among participating youth.

♦ Process measures:
  ◈ 1,251 participants from the 6th grade. Average monthly attendance was 209.
  ◈ Service clubs and high school students assisted in chaperoning. Social service agencies provided youth access to information about topics such as diversity, methamphetamine safety information, and tobacco prevention.

Activity #3: Spring Youth Fair

♦ Risk and Protective Factor(s): Family: Opportunities for Prosocial Involvement; Bonding; Family Attachment; and Healthy Beliefs and Clear Standards.

♦ Goal/Program Focus: Provide opportunities for low-income families to spend time together in a positive environment.

♦ Target Groups: Families with children in local Head Start Programs; and community youth.

♦ Prevention Activities: Community Mobilization (CM) purchased tickets at a discount for the Spring Youth Fair, a community event targeted toward youth. These subsidized tickets provided families with the opportunity to spend time together in a positive environment. CM also staffed a booth with members and volunteers—including youth members of the Lewis County Prevention Team. Youth who attended prevention trainings offered by Community Mobilization, Tobacco Prevention, and DASA staff made up this team. The youth operated a variety of activities at the fair booth, including: a prevention fishing display where the prizes had anti-substance abuse or violence messages; temporary tattoos were applied and enhanced with face painting of substance abuse prevention slogans; information quizzes based on the consequences of DUI's, methamphetamine information, tobacco and marijuana facts; demonstrations of the Fatal Vision goggles; and pictures were taken with police officers or firemen. These activities were well received and kept the booth buzzing.

♦ Near-Term Objectives: Increase awareness of substance abuse and violence consequences.

♦ Long-Term Objectives: Reduce overall ATOD use among youth and adults.

♦ Process measures:
  ◈ 110 admission/carnival tickets were provided to low-income, high-risk families to enable them to participate in a community activity as a unit.
  ◈ 2,000 pieces of substance abuse and violence prevention literature were circulated.
  ◈ 17 Lewis County youth were empowered to be the educators of 3,100 other Lewis County youth.
  ◈ Other in-kind support included: Fairgrounds donated the space for a booth for outreach activities. Head Start covered half the cost of 75 tickets for their program enrollees.

Lincoln County

Name of Program: <u>Community Mobilization</u>   **Contact: <u>Dan Pitman</u>**
Phone: <u>(509) 725-2111</u>

Mission Statement: To create a safe, healthy, drug- and violence-free community.

Activity #1: Mentoring

♦   Risk and Protective Factor(s): Favorable Attitudes Toward the Problem Behavior; and Opportunities, Skills, and Recognition.

♦   Goal/Program Focus: To increase bonding with a positive adult, increase social skills, and reward involvement in positive activities.

♦   Target Groups: Youth, ages 9 - 14.

♦   Prevention Activities: One-on-one mentoring. An adult mentor is matched with a youth participant. They agree on activities and events with a minimum contact of one hour per week.

♦   Near-Term Objectives: To increase bonding with a positive adult as reflected in periodic assessment interviews.

♦   Long-Term Objectives: To increase social skills and decrease youth involvement in problem behaviors as reflected in follow-up interviews with parents and teachers.

♦   Measurement Tools/Methods and Results:
    ◈   Survey data: Only one youth has been involved in this program long enough to give feedback. This youth indicates positive feelings towards the mentor, and increased grades because of extra help with homework.
♦   Process measures:
    ◈   <u>Three</u> people were served, ages <u>9 - 15</u>.

♦   Leveraging:
    ◈   <u>Three</u> volunteers provided <u>80</u> volunteer hours.
    ◈   In-kind support included: Scrapbook, arts and craft supplies, bikes, board games, fishing gear, and many other things provided for mentor use at an estimated cost of <u>$3,000</u>.

Activity #2: Graduation Alternative Nights

♦   Risk and Protective Factor(s): Favorable Attitudes Toward the Problem Behavior.

♦ Goal/Program Focus: Sponsoring ATOD free activities to decrease the consumption of alcohol by minors.

♦ Target Groups: County youth, ages 12 - 18.

♦ Prevention Activities: The communities of Davenport, Reardan, Odessa, and Almira each provided an all-night alcohol- and drug-free event for graduating seniors. These all-night events included social activities, games, and prize drawings for every senior in attendance.

♦ Near-Term Objectives: Reduce ATOD use among participants, and increase social skills.

♦ Long-Term Objectives: Reduce long-term level of ATOD use among participants.

♦ Measurement Tools/Methods and Results:
   ◈ Teachers/parents/participants report: The Alternative Nights are very popular in Lincoln County and are well supported by area businesses, parents, and schools. This year, four communities continued their Alternative Nights with nearly half the graduating class in attendance. Those schools that have traditionally held an Alternative Night event have over 80 percent of the graduating class in attendance.

♦ Process measures:
   ◈ 122 people were served, ages 16 - 19.

♦ Leveraging:
   ◈ 82 volunteers (including parents, schools, businesses, and community members) participated, providing 1,539 volunteer hours.
   ◈ In-kind support included an estimated $22,000 in time, cash, and donated goods.

Mason County

Name of Program: <u>Mason Drug Abuse Prevention</u>   **Contact: <u>Julianna Miljour</u>**
Phone: <u>(360) 427-1686</u>

Mission Statement: To create communities free of substance abuse and violence, one child at a time.
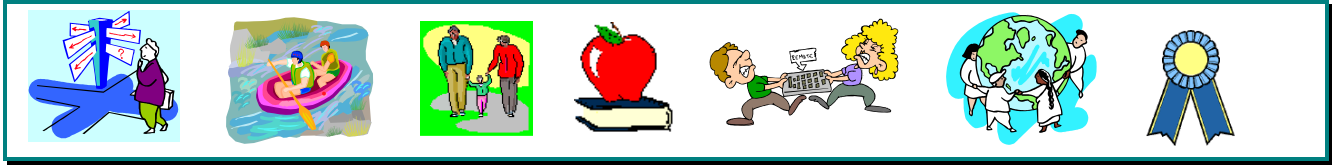
Activity #1: "Skills Talk for Kids"

♦ Risk and Protective Factor(s): Academic Failure Beginning in Late Elementary School; and Opportunities for Prosocial School Involvement.

♦ Goal/Program Focus: Student skill-building courses.

♦ Target Groups: All students in the Shelton School District.

♦ Prevention Activities: The Shelton School District provides all Shelton High School students with skill-building courses using the "Skills Talk For Kids" best practice curriculum through 75 trained personnel. The goal is to increase social skills, appropriate behavior patterns, accountability, and self-efficacy among youth served in order to address academic failure, ATOD use, and delinquency.

♦ Near-Term Objectives: Increase students' social skills and academic performance, and reduce bullying and inappropriate behavior patterns.

♦ Long-Term Objectives: Reduce long-term ATOD use and level of delinquency among participants.

♦ Measurement Tools/Methods and Results:
   ◈ Weekly sessions provided by trained school personnel in the "Skills Talk For Kids" program. The ITED and WASL student test scores demonstrated increased academic performance in the areas of reading and math, while teacher reports indicated increased teacher/student communication.

♦ Process measures:
   ◈ <u>34</u> sessions were provided to <u>1,576</u> Shelton High School students, ages <u>13 - 18</u>.
   ◈ <u>100%</u> of students received services.
   ◈ <u>100%</u> of school staff were trained and provided support services.
   ◈ <u>132</u> teachers provided <u>4,488</u> support service hours.

Activity #2: English as a Second Language (ESL) Homework Room

♦ Risk and Protective Factor(s): Academic Failure Beginning in Late Elementary School; and Bonding.

♦ Goal/Program Focus: Reduce academic failure among Hispanic, Native American, and Asian-American Youth.

♦ Target Groups: Hispanic, Native American, and Asian-American youth, ages 7 - 15.

♦ Prevention Activities: Mason County Literacy through the ESL Program provided tutor training to adults and youth (aged 14+), including homework assistance to Hispanic, Native American, and Asian-American youth (ages 7 – 15) using culturally appropriate teaching techniques and learning environments. The goal was to increase academic performance by a minimum of one grade level.

♦ Near-Term Objectives: Increase volunteer involvement, and increase reading and math performance to grade level.

♦ Long-Term Objectives: Increase high school completion rate among high-risk populations.

- ♦ Process measures:
    - ◈ <u>114 </u>sessions served <u>49</u> students.
    - ◈ <u>50%</u> remained with the program for a minimum of 30 days, of which 60% demonstrated increases in areas of English language and interpersonal skill development.

- ♦ Leveraging:
    - ◈ Adults and youth, ages 14+, provided <u>499.5 </u>volunteer hours.

Activity #3: Community Development – Prevention Advocacy

- ♦ Risk and Protective Factor(s): Friends Who Engage in the Problem Behavior; Community Laws and Norms Favorable Toward Drug Use; Healthy Beliefs and Clear Standards; and Opportunities for Prosocial Community Involvement.

- ♦ Goal/Program Focus: Increase community organization against substance abuse and violence.

- ♦ Target Groups: All community members aged 12 and older.

- ♦ Prevention Activities: Regular meetings facilitated through Mason County Drug Abuse Prevention provide multi-system collaboration, fostering inclusive and grassroots approaches, activities, styles, and methods used to address local substance and delinquency issues. Focus included:
    - ◈ Current substance and violence trends/indicators.
    - ◈ Resources that can effectively impact problem areas.
    - ◈ Assets and system gaps.
    - ◈ Needed areas of service replication.
    - ◈ Services that could be combined to reduce duplication and increase desired impact.

- ♦ Near-Term Objectives: Increase number of active coalition members and activities generated by CM; increase cohesion among coalition members; and improve community quality of life for youth.

- ♦ Long-Term Objectives: Reduce overall level of ATOD use and delinquency among youth.

- ♦ Measurement Tools/Methods and Results:
    - ◈ Outcome Measures include: Weekly Mason County Youth Task Force meetings; monthly Community Mobilization Interagency, and Reduce Underage Drinking Task Force meetings which showed a:
        - ▪ 66.69% increase in liquor-licensed establishments that DO NOT sell alcohol to minors, as measured through compliance checks.
        - ▪ 93% student awareness of rate of harm and legal consequences associated with substance use, as measured through pre-post student surveys.

- ♦ Process measures:
    - ◈ <u>41</u> law enforcement officers from <u>three</u> jurisdictions received training to conduct "Compliance Checks" and "Party Patrols" to reduce provision of alcohol to minors, and use of alcohol by minors.
    - ◈ <u>25,000+</u> substance and violence prevention resource materials were disseminated to citizens.
    - ◈ <u>30</u> public service announcements were published and <u>four</u> radio interviews aired to increase accurate news media coverage of:
        - ▪ Substance abuse and violence issues and county impact.
        - ▪ Positive impact efforts being conducted within county.
        - ▪ Positive image of drug- and alcohol-free youth; provide youth service in the community; support enforcement of laws; and want more drug-free activities.

- ♦ Leveraging:
    - ◈ <u>Four</u> grants were secured to support prevention efforts.
    - ◈ <u>32</u> Mason County Youth Task Force members, aged <u>14 - 20,</u> leveraged <u>1,437</u> volunteer hours resulting in <u>8,673</u> youth and their families receiving educational services.
    - ◈ <u>66</u> Interagency members, representing <u>14</u> independent departments, leveraged <u>473</u> volunteer hours that resulted in <u>710</u> additional citizens receiving educational services.

COMMUNITY MOBILIZATION
Program Summary, July 2002– June 2003

Okanogan County

Name of Program: Community Mobilization Policy Board   **Contact: Laurie Miller**
                                                                                               Phone: (509) 826-5093

Mission Statement: To effectively address the problems of substance abuse and violence by educating, and by promoting collaboration, communication, and commitment.
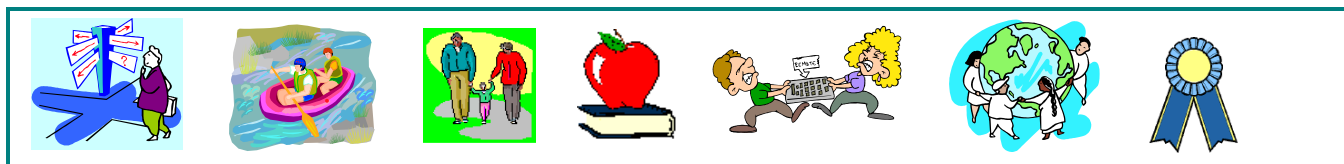
Activity #1: Community Mobilization Policy Board

♦   Risk and Protective Factor(s): Community Laws and Norms Favorable Toward Drug Use; Favorable Parental Attitudes and Involvement in the Problem Behavior; and Early Initiation of the Problem Behavior.

♦   Goal/Program Focus: To increase community collaboration efforts and community education regarding ATOD use and abuse.

♦   Target Groups: All community members.

♦   Prevention Activities: A Community Mobilization (CM) Policy Board was formed in February of 2003. The Policy Board meets monthly and on other unscheduled occasions to develop and implement a new Prevention Program in Okanogan County. The Prevention Program will address the Communities Risk and Protective Factors that have been identified by the Community Needs Assessment.

♦   Near-Term Objectives: Establish relationships with other Key Leaders within the County.

♦   Long-Term Objectives: Reduce favorable attitudes towards ATOD use/abuse.

♦   Measurement Tools/Methods and Results:
  ◈   Community Mobilization Scorecard: Okanogan County used the scorecard as an analytical tool in an effort to improve the mobilization of the community towards substance abuse prevention.
      ♦   The county rated its community mobilization successes at 54 on a scale of 76. CM in the county reported that "Overall, the active members share a semi-strong sense of community. It is recognized that most people in the community share that same desire; however, the violence, substance abuse, and certain mental health issues discourage their participation and efforts in many areas." "Some of the active members are relatively new but do feel a sense of belonging and have chosen their positions because they care about the community." "The community members feel that there are many efforts being made to reduce violence and substance abuse in the community and want to continue to see those efforts grow." "Media coverage will allow positive results to be seen, and in turn, hopefully allow community members to want to become involved and contribute to the success of the community."
  ◈   Community Needs Assessment.
  ◈   Healthy Youth Survey.
  ◈   County Archival Data.

Pacific County

Name of Program: Pacific County Community Mobilization   **Contact Person: Kevin Beck**
Phone number: (360) 875-9343

Mission Statement: Provide quality health and human services for the citizens of Pacific County.
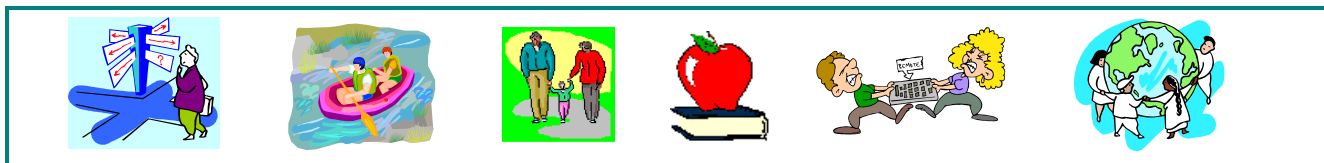
Activity #1: After-School Activities Program

♦ Risk and Protective Factor(s): Early Initiation of the Problem Behavior.

♦ Goal/Program Focus: The After-School Activities Program is a school-based program designed to offer opportunities for youth to interact with Prosocial adults and peers and to learn new skills in a safe, consistent, supportive environment. The program serves 1st through 6th grade youth in two school districts every school day until 6 pm. The After-School Activities Program goals are to: 1) Offer opportunities, skills, and recognition; 2) Enhance youth's sense of self-worth; 3) Develop increased self-esteem and decision-making skills; and 4) Improve social skills and learn conflict resolution.

♦ Target Groups: 1st through 6th grade students in two school districts.

♦ Prevention Activities: The After- School Program provided 374 days of service for 59 participants, equal to 2,378 direct service hours. Community partner, Timberland Regional Library (TRL), presented a four-week literacy series at each program site. This is the second year TRL has partnered for this service. WSU Cooperative Extension Master Gardeners provided a 10-week gardening curriculum for participants. Keep A Clear Mind, a parent/child substance abuse prevention program, was implemented.

♦ Near-Term Objectives: Increased social and self-competencies and increased attachment to Prosocial influences.

♦ Long-Term Objectives: Reduce overall level of ATOD use among community youth.

♦ Measurement Tools/Methods and Results:
  ◇ Survey data:
    ▪ Independent evaluation of After-School Activities Program, using pre- and post-measurement tools, reflected a dramatic gain in self-competency in schoolwork habits and classroom behavior. Comments from parents surveyed reflected positive changes, as well: "My child has been more outgoing and completes homework before coming home;" and "a significant positive change. (Name) is a more confident individual…has wonderful communication skills. Being around children of various age groups has made (name) aware of different people with different needs."
    ▪ Independent evaluation showed a tremendous increase in commitment to school (63% pre-test reported: "always or often hated being in school"; reduced to 18% post test; 90% pre-test answered yes to "when pushed, I fight," reduced to 9% post test).
    ▪ Compared to 2000 data, Healthy Youth Survey 2002 results for Pacific County showed significant reductions in 30-day use of marijuana, smokeless tobacco, cigarettes, and alcohol by 6th graders.
  ◇ Interviews and surveys of parents: 100% of parents surveyed reported that the program was either essential or very important to their child.

♦ Process measures:

◇ 59 people were served, ages 6 - 12.

♦ Leveraging:
  ◇ Five volunteers provided approximately 100 volunteer hours.
  ◇ In-kind support included Raymond and South Bend School Districts: $8,397 cash match, $5,000 facilities match; USDA snack program, $500 match.

Activity #2: Youth Adventures

♦ Risk and Protective Factor(s): Early Initiation of the Problem Behavior.

♦ Goal/Program Focus: Through challenging outdoor experiential education activities, participants increase self-esteem and personal responsibility, and build teamwork skills.

♦ Target Groups: Referred 6th grade students in two school districts.

♦ Prevention Activities: 21 outings were provided to high-risk students. Success-oriented activities were based on challenge-by-choice, impacting participants' Prosocial behavior.

♦ Near-Term Objectives: Increase social and self-competency.

♦ Long-Term Objectives: Decrease substance use and abuse and delinquent behaviors.

♦ Measurement Tools/Methods and Results:
  ◇ Survey of teachers/school administrators indicated participants increased their ability to overcome school challenges, and increased self-confidence, cooperation, and bonding to Prosocial influences.

♦ Process measures:
  ◇ 11 people were served, ages 11 - 13.

♦ Leveraging:
  ◇ In-kind support: Raymond and South Bend School Districts referred and released participating students for program participation during the school day.

Activity #3: Methamphetamine Awareness Training

♦ Risk and Protective Factor(s): Favorable Attitudes Towards the Problem Behavior.

♦ Goal/Program Focus: Provide forums to educate community members concerning methamphetamine production and use.

♦ Target Groups: Pacific County community members.

♦ Prevention Activities: Three public forums were held to educate the community about the dangers of meth, to provide awareness about signs of meth production, to share relevant local data on use, and to provide training on risk and protective factors for substance abuse and violence.

♦ Near-Term Objectives: A positive change in knowledge and attitudes concerning meth use and abuse.

♦ Long-Term Objectives: Decrease availability, use, and abuse of methamphetamine.

♦ Measurement Tools/Methods and Results:
  ◇ Participant surveys: 85% reported improved knowledge of meth labs; 90% reported a better understanding of the dangers of meth use; and 90% learned ways to report suspected meth labs.

♦ Process measures:
  ◇ 260 people were served, ages 19 – 66+.

Pend Oreille County

Name of Program: <u>Communities That Care (POPT)</u>

Contact: <u>Sarah Marble</u>
Phone: <u>(509) 447-5651</u>

Mission Statement: To provide students with an opportunity for creative self-expression, and to promote healthy activities and alternatives to substance abuse.

Activity #1: Family Wellness Camp

♦ Risk and Protective Factor(s): Low Neighborhood Attachment and Community Disorganization; Family History of the Problem Behavior; and Early and Persistent Anti-Social Behavior.

♦ Goal/Program Focus: Increase by 25% the number of CM-sponsored or facilitated community-based meetings and activities to address and prevent ATOD use and delinquent activity by youth in the community, as measured by attendance records at meetings and events. Emphasize inclusion and diversity.

♦ Target Groups: All community members, ages 12 and higher.

♦ Prevention Activities: Pend Oreille County identified the need for collaboration between key agencies, service providers, businesses, schools, and private citizens. The *Communities That Care* program was implemented to address that need. Called the Pend Oreille Prevention Team (POPT), the POPT includes representatives from CPS, DSHS, the three school districts, Pend Oreille County Mental Health, Pend Oreille County Chemical Dependency Treatment, ESD 101, law enforcement, the tribe, private citizens, Family Crisis Network, the Health Department, business owners, and others. This Group is lead by the Pend Oreille County CM Prevention Office, and has monthly meetings to identify and address the continuing needs of the community. The POPT held a Family Wellness Camp and hosted seven families at an overnight retreat for education in parenting skills, family management, substance abuse prevention, conflict resolution, and teamwork. The families were educated in a fun, family-oriented environment. In addition, eight people were trained as facilitators in the ROPES Course located at the Selkirk High School. The ROPES Course has proven to teach bonding, trust, teamwork, resilience skills, communication, problem solving, and self-confidence. The Meth Action Team was brought back together to attend the Regional Meth Summit in Spokane. The Group agreed at that time to build a countywide policy and service-provider agreement to address the Meth issue. It was also agreed, and implementation began for the Meth Watch Retailer Program in Pend Oreille County.

♦ Near-Term Objectives: Increase the number of community-based meetings and community-generated activities sponsored or facilitated by CM. Increase cohesion among community members and groups. Improve opportunities for children and youth from at-risk families to receive services.

♦ Long-Term Objectives: Reduce overall levels of ATOD use and delinquency among community youth.

♦ Measurement Tools/Methods and Results:
   ◈ Survey data: King County CM Instrument, Networking Communication and Inclusion scales.

♦ Focus Groups: Key Leader Survey.

◆ Process measures:
  ♦ <u>Seven</u> adults were served, ages <u>25 - 45</u>.
  ♦ <u>Two</u> children were served, ages <u>0 – 5</u>.
  ♦ <u>Eleven</u> youth were served, ages <u>8 – 12</u>.
  ♦ <u>Three</u> teens were served, ages <u>13 – 16</u>.

◆ Leveraging:
  ♦ <u>14</u> volunteers provided <u>108</u> volunteer hours with the Meth Action Team.
  ♦ <u>22</u> volunteers provided <u>215</u> volunteer hours for other CM-related activities.
  ♦ In-kind support included volunteer time, supplies, meeting locations, and transportation to and from meetings and activities, valued at <u>$22,456</u>.

Pierce County

Name of Program: Safe Streets Campaign/Citizen Empowerment   **Contact: Alisa O'Hanlon**
Phone: (253) 272-6824

Mission Statement: To empower individuals, families, youth, neighborhoods, and organizations to create safe neighborhoods.
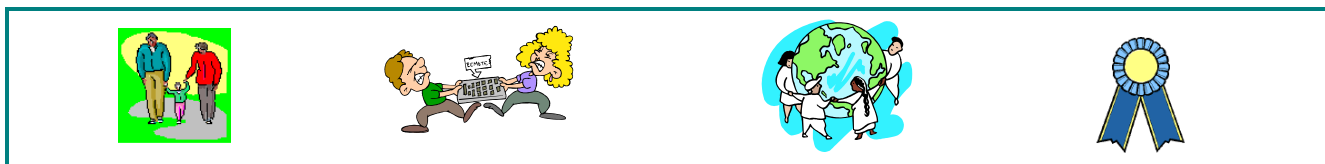
Activity #1: Neighborhood Organizing

♦ Risk and Protective Factor(s): Low Neighborhood Attachment and Community Disorganization.

♦ Goal/Program Focus: To organize communities to strengthen neighborhood safety.

♦ Target Groups: Neighborhood Organizing is available to all residents in Pierce County, but emphasis is placed on six geographic communities: Tacoma's Southend, Tacoma's Eastside, Tacoma's Weed and Seed area, East Pierce County, Key Peninsula, and Lakewood.

♦ Prevention Activities: In Pierce County, neighborhood attachment and community organization are low. Neighborhood Organizing is designed to inaugurate citizens into becoming active in their community and to steadily build their involvement, which in turn increases their pride in and attachment to the community. Neighborhood Organizing can be summarized in five phases that include the following activities:

  ◈ Communication and Awareness:
    ▪ Conducting block safety assessments and surveys.
    ▪ Educating mobilized citizens to recognize and address illegal activity.

  ◈ Tracking Issues and Community Assessment:
    ▪ Establishing new block groups, phone trees and work plans.

  ◈ Networking and Partnership Development:
    ▪ Facilitating communication among block groups.
    ▪ Coordinating block group networking meetings.
    ▪ Coordinating meetings with law enforcement.
    ▪ Making referrals to community resources.

  ◈ Goal Setting and Plan Development:
    ▪ Facilitating follow-up block group meetings.
    ▪ Conducting neighborhood improvement projects such as clean-ups and graffiti cover-ups.

  ◈ Building and Maintaining Coalition Momentum:
    ▪ Coordinating recognition of block group accomplishments.
    ▪ Providing leadership training.

♦ Near-Term Objectives:
  ◈ Indicators of increased leadership by community:
    ▪ Community members regularly work together to get tasks done.

- ▪ Community members assume responsibility for projects.
  - ◇ Indicators of feeling of connectedness:
    - ▪ Community members demonstrate mutual importance to each other.
    - ▪ Community members demonstrate commitment to stay in the neighborhood.

- ♦ Long-Term Objectives: Increased leadership by community, and increased feeling of connectedness.

- ♦ Measurement Tools/Methods and Results:
  - ◇ Survey data: To assess our affect on the risk factor of low neighborhood attachment, we measure whether the community members we work with are feeling connected to each other and their community by surveying neighborhood groups for their opinion of their neighborhood. From July-December 2002, 36% of the 80 groups we worked with reported feeling attached or connected to their community. From January-June 2003, this rate held constant with 34% of the 41 groups we worked with, reporting a sense of connectedness. More specifically, 13 of 41 groups reported they knew each others' names or talked regularly to each other (an indicator of demonstrating mutual importance to each other); and 14 of 41 groups reported they would like to stay in the neighborhood or, if they were to leave, would miss their neighborhood focus groups.
  - ◇ To address the risk factor of community disorganization, we work at increasing leadership by the community. We work at helping citizens to become more involved in their community; and to assess our effectiveness at this, we maintain case files that detail how often neighbors work together to get tasks done, and if they are assuming responsibility for their own neighborhood projects. This evidence is recorded on a neighborhood log that is based on various studies about the phases of effective coalition development and conduct. The log tracks a group's progress through the five phases of becoming an organized neighborhood: forming a group, identifying a leader and issue, engaging key agencies, completing a neighborhood improvement project, and no longer relying on Safe Streets involvement. From July-December 2002, 36 of the 80 (or 45%) groups we worked with increased their leadership and involvement in the community. From January-June 2003, this achievement rate rose to 61%, or 25 of the 41 groups we worked with.

- ♦ Process measures:
  - ◇ 121 neighborhood groups were formed.
  - ◇ 23,687 new community members participated in neighborhood group meetings and related neighborhood organizing activities.

- ♦ Leveraging:
  - ◇ 2,381 personnel from disciplines such as local business, city government, community health and safety network, county government, prevention, elected officials, faith community, health department, housing, human services, law enforcement, military, private non-profit organizations, school district, civic organizations, social services, treatment, and youth partnered with Safe Streets to provide support and services to neighbors and neighborhood groups to strengthen neighborhood safety.

San Juan County

Name of Program: Primary Intervention Program

Contact: Eden Bailey
Phone: (360) 378-4474

Mission Statement: To foster safe and healthy families and community life.
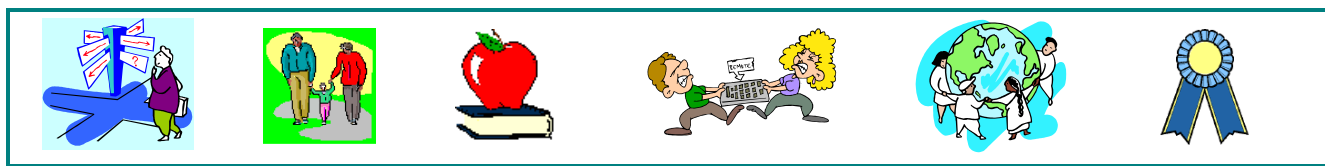
Activity #1: PIP Program—Combined Three Sites: Orcas, Lopez and San Juan Islands

♦ Risk and Protective Factor(s): Early Initiation of the Problem Behavior; Family Management Problems; Family Conflict; Healthy Beliefs and Clear Standards; and Opportunities for Prosocial Family Involvement.

♦ Goal/Program Focus: Increase student resiliency skills in order to reduce unhealthy behaviors and attitudes.

♦ Target Groups: Students (aged three to nine years) who show signs of early anti-social behaviors that are attending preschool/school on Orcas Island, Lopez, Island, and San Juan Island.

♦ Prevention Activities: One-on-one play sessions using techniques of play therapy in a specially designed playroom in local schools provided by qualified and regularly trained child development associates.

♦ Near-Term Objectives: Reduce anxiety; reduce conflict within school and the family; and increase feelings of self-worth.

♦ Long-Term Objectives: Reduce incidence of early anti-social behavior; reduce incidence of early school failure.

♦ Measurement Tools/Methods and Results:
  ◈ Survey data: AML and Pre- and Post-Test CRS demonstrated that:
    ▪ Orcas Island: 78% of students showed increased competency in one of the four areas—task orientation, behavior control, assertiveness, and peer social skills; 6% showed increased competency of two of the above-mentioned skills; 6% moved before post-testing could be completed; 10% did not show an increase in competency.
    ▪ Lopez Island: 39% of students showed increased competency in all areas measured, including task orientation, behavior control, assertiveness, peer social skills, adaptability to change; and willingness to venture into new areas; 50% improved or stayed stable in all or all but one area; and all children improved or stayed stable in at least three areas.
    ▪ San Juan Island: 25% of children improved or maintained in three areas measured; 16% of the children improved in four areas; and 25% of children improved in all areas measured.

♦ Process measures:
  ◈ 62 students were served, ages 3 - 9.
  ◈ 54 parents/guardians were served, ages 19 - 65+.
  ◈ 116 total clients were served.

♦ Leveraging:
  ◈ An estimated $2,340 in volunteer equivalent time was donated to the Primary Intervention Program.
  ◈ In-kind support included more than $43,000 raised (cash and in-kind) to support the Primary Intervention Program.

Activity #2: County Fair

♦ Risk and Protective Factor(s): Favorable Attitudes Toward the Problem Behavior; Friends Who Engage in the Problem Behavior; Healthy Beliefs and Clear Standards; and Opportunities for Prosocial Community Involvement.

♦ Goal/Program Focus: Increase community awareness of the risks associated with the use of substances, using a variety of strategies/activities.

♦ Target Groups: County residents aged 10 - 66+.

♦ Prevention Activities: Staffing a booth at the County Fair with prevention activities (quizzes, games, prizes); literature; videos; and demonstrations.

♦ Near-Term Objectives: Increase ATOD awareness among community members and groups.

♦ Long-Term Objectives: Increase interest for community members to form local coalitions.

♦ Measurement Tools/Methods and Results:
  ◈ One-time large event over a period of 4 days:
    ▪ 563 actively participated out of 1,805 who came to the booth to ask questions.
    ▪ Approximately 3,000 pieces of literature distributed.
  ◈ Pre- and-post tests: 50% of participants increased their knowledge of the risks of ATOD use, as reflected by games that tested general knowledge of ATOD use and risk as well as sexually transmitted diseased.

♦ Process measures:
  ◈ 538 youth were served, ages 6 - 18.
  ◈ 25 adults were served, ages 19 - 21.
  ◈ 1,000 youth (ages 6 – 18) and 805 adults (ages 19 – 66) requested literature or interacted with demonstration materials.

♦ Leveraging:
  ◈ In-kind support: $1,203 in matching funds were provided for this activity.
  ◈ Event generated the creation of additional local community coalitions, which in turn have leveraged $10,000 in grants.

Skagit County

Name of Program: Skagit Prevention Council   **Contact: Karen Peterka**
                                                                                              Phone: (360) 424-7790

Mission Statement: To promote safer and healthier communities through collaborative efforts, education, and alternative activities.
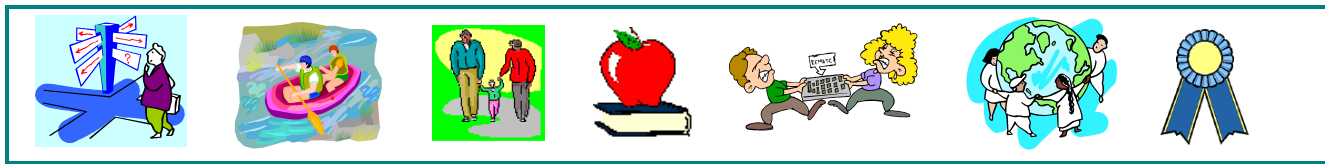
Activity #1: Burlington-Edison Community Parenting Network (BECPN)

♦ Risk and Protective Factor(s): Favorable Parental Attitudes and Involvement in the Problem Behavior; Healthy Beliefs and Clear Standards; and Opportunities for Prosocial Family Involvement.

♦ Goal/Program Focus: Build awareness of resources available to children, youth, and families that address ATOD and related problem behaviors.

♦ Target Groups: Adults and Spanish-speaking residents of the county.

♦ Prevention Activities: The BECPN established a directory to gather as many parents, community, school, and youth signatures on commitment forms to pledge to: actively chaperone ATOD and violence-free activities, be positive role models, follow and support appropriate rules; and actively communicate with other adults. This directory is published annually and includes a community resource section.

♦ Near-Term Objectives: Increase the ATOD resource knowledge level of Spanish-speaking residents.

♦ Long-Term Objectives: Increase resources available to children, youth, and families that address ATOD and related problem behaviors.

♦ Measurement Tools/Methods and Results:
   ⬦ Parents use the directory as a tool when their child is invited to a party/social event. The directory is also used for information; a school district hotline; by social service agencies; and for parenting tips and information. Families new to the school district have used the directory to make contact with other parents.

♦ Process measures:
   ⬦ More than 600 families were served.

♦ Leveraging:
   ⬦ Ten volunteers provided 200+ volunteer hours.
   ⬦ The Burlington Edison School District provided a facility (in which to meet), secretarial support, and the use of copy machines and paper to print 3,500 commitment forms.

Activity #2: Interpreter for Meth Summit

♦ Risk and Protective Factor(s): Community Laws and Norms Favorable to Drug Use.

♦ Goal/Program Focus: Raise awareness of meth issues in the county and how to address them.

- Target Groups: Adults and Spanish-speaking residents of the county.

- Prevention Activities: Funding was provided for Spanish translation services for the Skagit County Meth Summit. All day long, the interpreter translated simultaneously everything spoken from the podium.

- Near-Term Objectives: Increase knowledge in community members of meth issues and dangers.

- Long-Term Objectives: Reduce meth production and abuse within the county.

- Measurement Tools/Methods and Results:
   - Survey data reflected: a 31% increase in general Meth knowledge; a 25% increase in knowledge of meth problems posed to the community; a 46% increase in ability to identify a meth danger; a 40% increase in ability to communicate with others about meth; a 34% increase in knowledge of meth's impacts on families and children; and a 48% increase in knowledge concerning meth treatment and recovery.

- Process measures:
   - 250 people attended the Summit.

Activity #3: Anacortes Community Health Council (ACHC)

- Risk and Protective Factor(s): Favorable Attitudes Toward the Problem Behavior; Friends Who Engage in the Problem Behavior; Rebelliousness; Favorable Parental Attitudes and Involvement in the Problem Behavior; Family Conflict; Family Management Problems; Extreme Economic Deprivation; Opportunities for Prosocial Community Involvement; Healthy Beliefs and Clear Standards; Social Skills; and Belief in the Moral Order.

- Goal/Program Focus: Increase the capability and knowledge of youth to prevent teen pregnancies, smoking and disease, and to promote healthy lifestyles.

- Target Groups: Teen Clinic (13 - 19 year olds), and Boys and Girls Club (7 - 16 year olds).

- Prevention Activities: Teen Clinic offering pregnancy tests, prenatal care, birth control information, free or low-cost health care, and follow-up services.

- Near-Term Objectives: Increase prenatal care and knowledge of teen parents; and increase youth knowledge of health issues.

- Long-Term Objectives: Decrease teen pregnancies; decrease sexually transmitted and other preventable diseases.

- Measurement Tools/Methods and Results:
   - Teen Clinic continues with positive results. Nora McMillen, RN (ARNP Director) was awarded the VIPP Award by the ACHC. The Boys and Girls Club consistently maintains positive reinforcement for positive behavior, and immediate intervention for inappropriate/negative behaviors. Positive personal reports and responses are easily observable.

- Process measures:
   - The Teen clinic saw approximately 25 youth (ages 13 - 19) per week, for a total of 1,300 per year.
   - The Boys and Girls Club has about 500 members (ages 7 – 16), and sees 75 - 125 each day during the summer.

- Leveraging:
   - The ACHC donated most of its income to the Teen Clinic and Boys and Girls Club; and paid 50% of the cost for the PTA to conduct a four-day program on Bullying.

Skamania County

Name of Program: <u>Community Mobilization Against Substance Abuse</u>   **Contact: <u>Susie Strom</u>**
Phone: <u>(509) 427-9490</u>

Mission Statement: To review and evaluate needs, services, facilities and special problems related to alcohol, substance abuse, and violence, and to conduct public hearings on these matters and provide the appropriate services.
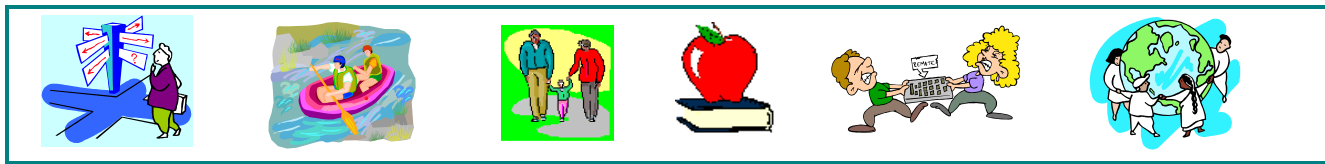
Activity #1: Skamania County Youth Program (SCYP)

♦ Risk and Protective Factor(s): Rebelliousness; and Low Neighborhood Attachment and Community Disorganization.

♦ Goal/Program Focus: Give youth, ages 11-18, opportunities to bond to their community and have direct involvement with a mentor or other community leader who promotes positive behavior and values.

♦ Target Groups: Youth, ages 11-18, who were referred and showed an interest in joining the program.

♦ Prevention Activities: **<u>Gorge Girls/Guys Clubs</u>**—A mentoring program formed a core group that met at least once monthly with a maximum of 10 participants per activity. A positive peer environment was provided for participants, connecting them with positive, caring adults as mentors. **<u>Teen Drop In Center</u>**—Open to all teens, the Center established a drug-free environment demonstrating the community's concern for the well being of its youth. This was an after-school program open twice weekly, serving an average of 30 youth per session. The Teen Drop-In Center also sponsored monthly drug/alcohol-free teen dances attended by an average of 80 teens per dance. **<u>Swing Club</u>**—Met twice weekly with 14 youth participating regularly. The club leaders established positive role modeling. **<u>Skate Club</u>**—Was led by an adult "expert" skateboarder. This club offered a tremendous outreach opportunity given its popularity. A drug-free, smoke-free zone was established at the skate park and proved to be a strong model for youth "ownership" of a community resource. **<u>Teen Adventure Program (TAP)</u>**—Met twice weekly and offered indoor climbing and kayaking at the local swim pool. Core group members helped develop daylong activities that provided an incentive for participants to hone their skills and choose healthy lifestyles. These activities took place once monthly with up to 15 participants each, providing an excellent forum for focusing on critical thinking, decision-making, cooperation, and effective social relations. Successful completion promoted group connectedness, self-efficacy, and self-esteem. Community Mentors were used to chaperone and assist with the activities.

♦ Near-Term Objectives: Participants who establish repeat attendance records for the reporting quarter will gain measurable improvements in risk/protective factors and behavioral change.

♦ Long-Term Objectives: 60% of participants who establish repeat attendance records for the reporting quarter will gain measurable improvements in risk/protective factors and behavioral change.

♦ Measurement Tools/Methods and Results:
   ◈ Focus Groups: Four youth participated in a focus group, reporting positively. They enjoyed the involvement and the learning of a skill; and thought SCYP was a substitute for using drugs and alcohol.

♦ Process measures:
   ◈ <u>450</u> people were served, ages <u>11 - 18</u>.

♦ Leveraging:
   ◈ In-kind support included: Local merchants provided beverages and snacks, and the Sheriff's Department donated drug- and alcohol-free items. The local swimming pool was used at no cost.

Activity #2: Natural Helpers—Skamania High School (SHS)

♦ Risk and Protective Factor(s): Rebelliousness, and Academic Failure Beginning in Late Elementary School; and Family Conflict.

♦ Goal/Program Focus: To teach effective ways for students to help their friends. "Help" is anything from talking about everyday problems such as friendships or difficulties in relationships, to recognizing serious problems like depression or chemical dependency.

♦ Target Groups: Youth, ages 14-18, who are students at Skamania High School.

♦ Prevention Activities: Natural Helpers were trained to facilitate mediations for fellow students. A one-day follow-up training taught processes designed to help resolve conflict. Issues of youth substance abuse and violence were addressed through individual peer counseling and activities organized throughout the year, including a weeklong anti-violence program. Natural Helpers prepared skits, and drug- and alcohol-free activities for Red Ribbon Drug Awareness Week at two local elementary schools. They attended training on tobacco issues and developed a program for students. Suicide prevention, and eating disorder awareness and prevention activities were provided at SHS.

♦ Near-Term Objectives: Train SHS students in peer mediation. Increase the number of participants who have "negative" beliefs and attitudes toward drug and alcohol use.

♦ Long-Term Objectives: 95% of participants will express "negative" beliefs and attitudes toward alcohol and drug use.

♦ Measurement Tools/Methods and Results:
   ◈ Pre/Post-Attitudinal Surveys reflected that 100% of participants looked negatively at the use of alcohol and/or drugs.

♦ Process measures:
   ◈ 400 people were served in grades 9 through 12.

♦ Leveraging:
   ◈ In-kind support: Stevenson High School allowed the program to use its building for activities. A local grocery store/deli provided snacks and drinks.

Activity #3: Skamania County Meth Action Team (SCMAT)

♦ Risk and Protective Factor(s): Availability of Drugs; Opportunities for Prosocial Community Involvement.

♦ Goal/Program Focus: Inform citizens about the dangers of methamphetamine, and of the signs and symptoms of meth use.

♦ Target Groups: Adults, ages 18+.

♦ Prevention Activities: SCMAT was formed in Spring 2003 and has 15 members. SCMAT planned and presented its first Methamphetamine Awareness Conference in April 2003.

♦ Near-Term Objectives: Inform and educate adults in Skamania County about the problems of meth use.

♦ Long-Term Objectives: Methamphetamine Awareness Conference participants learn about meth. Twenty-five percent agree to participate in future meth awareness activities.

♦ Measurement Tools/Methods and Results:
   ◈ Participant satisfaction survey/evaluation: On a four-point scale of YES, yes, no, NO—The average response received was between YES and yes for satisfaction.

♦ Process measures:
   ◈ 80 people attended the Meth Awareness Conference.

♦ Leveraging:
   ◈ In-kind support: Dolce' Skamania Lodge waived the cost of banquet room rental, saving the program $1,000+.

COMMUNITY MOBILIZATION
Program Summary, July 2002– June 2003

Snohomish County

Name of Program: Snohomish County Community Mobilization   **Contact: Carolyn Allendoerfer**
                                                                                                   Phone: (360) 654-2001

Mission Statement: To bring Snohomish County communities together to integrate and align their resources to more effectively address the needs of children, youth, and their families; and to work together to create and maintain safe and healthy communities.

Summary: During 2002-2003, Snohomish County Community Mobilization funded 39 activities sponsored by five countywide and ten local community organizations. They represented almost all of the communities in the county and all risk/protective factor domains. By receiving Community Mobilization (CM) grants, the organizations were able to conduct activities they could not have afforded without the grant, and to expand programs to more people. Over 23,000 people directly benefited from these programs, and $288,000 of in-kind match was leveraged.

Activity #1: Large Community Events

♦ Risk and Protective Factor(s): Low Neighborhood Attachment and Community Disorganization; and Opportunities for Prosocial Community Involvement.

♦ Goal/Program Focus: Increase neighborhood attachment and cultural awareness. The Granite Falls Community Coalition; the family support and resource centers in Lake Stevens, Darrington, and South Snohomish County; the Monroe Crime Prevention Council; and the Lakewood School District organized these events.

♦ Target Groups: All county residents, especially those in the communities listed above.

♦ Prevention Activities: Community Forums and Cultural Fairs. Granite Falls held a community forum to develop awareness about the use and manufacture of methamphetamine. Lake Stevens provided opportunities for adults and youth to learn more about the negative effects of drugs and alcohol through a National Night Out event and special events for teens. Darrington sponsored several drug-free events to increase community attachment. The Family Support Center of South Snohomish County and the Lakewood School District had events to highlight the unique cultural diversity of their communities. The largest event was Monroe's El Carnaval, an annual event that celebrates the city's cultural diversity.

♦ Near-Term Objectives: Increase community participation in community events, and increase awareness of and appreciation for other cultures.

♦ Long-Term Objectives: Increase community attachment by 10%; increase the number of drug-free activities; and increase community awareness of drug issues and cultural diversity.

- ♦ Measurement Tools/Methods and Results:
  - ◈ Surveys were used at each event. Results indicated an increased awareness of the diversity of cultures in the communities, opportunities to meet new people, feeling connected to their community, and making new or continuing commitments to participate in planning and implementing activities in their communities.

- ♦ Process measures:
  - ◈ 9,647 people were served, ages <u>one - 70</u>.

- ♦ Leveraging:
  - ◈ <u>1,500</u> hours were involved in planning, and over <u>$75,000</u> of in-kind match was leveraged from cities, schools, law enforcement, social service agencies, and businesses.

Activity #2: Youth Programs—After School and Late Night, Learning Support, Mentoring, and Leadership Development

- ♦ Risk and Protective Factor(s): Early Initiation of the Problem Behavior; Lack of Commitment to School; Bonding; Social Skills; and Opportunities for Prosocial School Involvement.

- ♦ Goal/Program Focus: Increase commitment to school and reduce early initiation of substance abuse and youth violence.

- ♦ Target Groups: Youth, 11 - 18 years old.

- ♦ Prevention Activities: Youth programs were provided in ten different communities. Activities included teaching problem-solving and communication skills; giving homework help; teaching learning skills; providing opportunities for meaningful participation; leadership development; to plan and implement community service projects; and to bond with peers, older teens, and adult mentors.

- ♦ Near-Term Objectives: Increase school attendance and improve grades; increase connectedness to community; and provide meaningful activities for after-school hours and on weekends.

- ♦ Long-Term Objectives: Decrease school dropout rates and ATOD use by 11 - 18 year olds.

- ♦ Measurement Tools/Methods and Results:
  - ◈ Survey data: Results indicated the participants felt an increased commitment to attending school; an increased connection to their communities; a better understanding of and respect for personal differences; and opportunities experienced for community service that increased their social skills.
  - ◈ Participants felt safe participating in the activity and felt a positive connection with at least one adult or with their teen mentor. Police departments in two cities reported decreased negative youth activity, especially vandalism, during the hours of the after-school or late night programs in their communities.

- ♦ Process measures:
  - ◈ 4,176 people were served, ages <u>11 - 18</u>.

- ♦ Leveraging:
  - ◈ <u>$152,000</u> of in-kind support came from businesses, social service agencies, schools, cities, the county, and law enforcement.

Spokane County

Name of Program: <u>Greater Spokane Substance Abuse Council's</u>   **Contact: <u>Dean Wells</u>**
                                          <u>Prevention Center</u>   **Phone: <u>(509) 922-8383</u>**

Mission Statement: To encourage, facilitate, initiate, and assist all people, groups and organizations in finding solutions to alcohol, tobacco, and other drug abuse.
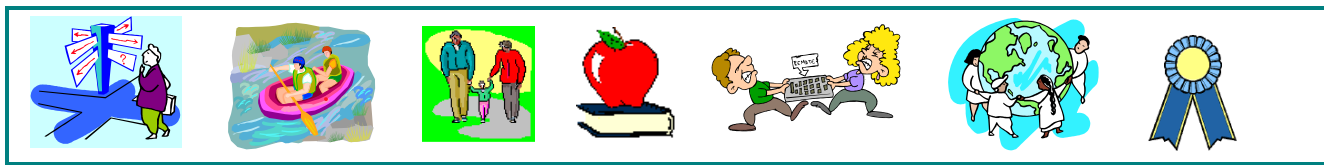
Activity #1: Substance Abuse Prevention Specialist Training (SAPST)

♦   Risk and Protective Factor(s): Opportunities for Prosocial Involvement; and Healthy Beliefs and Clear Standards.

♦   Goal/Program Focus: To empower individuals and agencies working in prevention throughout the Spokane area, thus promoting an increase in the quality and effectiveness of prevention programs.

♦   Target Groups: Professionals in the prevention field, including Prevention Specialists, school staff, Community Prevention Workers, counselors, Youth Workers, and more.

♦   Prevention Activities: Provide comprehensive training involving nine lessons over a five-day period. Lesson topics include: History of Prevention; Prevention Research; Program Planning; Facts About Drugs; Cultural Issues; Ethical Issues; Human Development in Prevention; Media Literacy/Advocacy; and Social Marketing.

♦   Near-Term Objectives: Provide a minimum of two trainings each year for a minimum of 20 participants. Participants will demonstrate an increase in general knowledge of the prevention field.

♦   Long-Term Objectives: Participants will incorporate the skills and knowledge into their prevention programs.

♦   Measurement Tools/Methods and Results:
   ◈   Survey data: A *Participant Satisfaction* survey was administered at the end of each session. The overall scores reported 76% of participants found the sessions were either *Very Valuable* or *Extremely Valuable*.
   ◈   Survey data: Standard pre/post-test results showed that nearly 80% of the participants significantly increased their knowledge of prevention and the prevention field.

♦   Process measures:
   ◈   <u>27</u> people were served, ages <u>23 - 52</u>.

♦   Leveraging:
   ◈   <u>One</u> volunteer provided <u>five</u> volunteer hours.

Activity #2: Changing Our Lives Together (COLT)

♦   Risk and Protective Factor(s): Early Initiation of the Problem Behavior; Lack of Commitment to School; Opportunities, Skills, and Recognition; Bonding; and Healthy Beliefs and Clear Standards.

♦   Goal/Program Focus: Build positive attitudes and social skills with youth to enable them to make positive choices.

♦   Target Groups: Youth, 11 - 18. Priority is given to youth considered to be "at-risk."

♦   Prevention Activities: Youth in the COLT Program meet one day per week throughout the school year. These meetings involve workshops and presentations on drug abuse and violence prevention, social skill

building activities, equine care training, involvement with mentors, and continual focus on making positive choices. During the summer months, youth spend time with horses on a ranch where they build social skills, self-esteem, and confidence.

♦ Near-Term Objectives: Increase self-reported self-esteem; increase grades and school attendance; and increase social skills related to drug abuse and violence prevention.

♦ Long-Term Objectives: Decrease long-term use of ATOD among participants; and decrease delinquent behavior among participants.

♦ Measurement Tools/Methods and Results:
  ◈ Survey data: Pre/post-tests are conducted at the beginning and end of the program year. Test results for 2002/2003 are still being compiled as of this time.

♦ Process measures:
  ◈ 40 people were served, ages 11 - 18.

♦ Leveraging:
  ◈ Nine volunteers provided 1,200 volunteer hours.

Activity #3: Community Mobilization Outreach Team (CMOT)

♦ Risk and Protective Factor(s): Lack of Commitment to School; Community Laws and Norms Favorable To Drug Use; and Healthy Beliefs and Clear Standards.

♦ Goal/Program Focus: Provide support to local schools, agencies, and youth groups in their prevention efforts. Work with youth to develop positive attitudes and social skills. Help schools and groups create a positive environment and positive group norms.

♦ Target Groups: Youth from elementary to high school, as well as adults (including parents, teachers and prevention professionals). A priority is given to youth identified as being at "high risk."

♦ Prevention Activities: CMOT provides a variety of prevention services. *Project Challenge* is a series of portable Ropes Courses that promote group bonding, social skills, and a positive group environment. *Peace In Action* is a conflict resolution presentation that uses martial arts to promote non-violent attitudes, and to teach conflict resolution skills. Youth watch a demonstration of how Aikido redirects an attack rather than attacking back. They then learn how they can do Verbal Aikido to redirect and resolve verbal and emotional attacks in real life. Prevention presentations are conducted at community events such as Family Nights Out, local summits etc.

♦ Near-Term Objectives: Youth and/or teachers will report an increase in prosocial behavior; an increase in positive attitudes; and increased feelings of acceptance in their school or group.

♦ Long-Term Objectives: Increased school attendance, and decreased delinquent behavior.

♦ Measurement Tools/Methods and Results:
  ◈ Survey data: Surveys showed that 71% of *Peace In Action* participants could name all of the steps to conflict resolution a week after the presentation. 70% felt better able to stop a verbal conflict before it became physical. 88% felt the *Project Challenge* helped them learn how to be a better team member. 95% of teachers felt that *Project Challenge* made a positive difference in individual students and the overall class environment. Comments from teachers included: *"The class is much more responsive to my requests, and much more respectful towards each other. It has also given students confidence to speak their minds and assume leadership roles." "They are more flexible when working in different groups. They are more aware of what it takes to be successful in a team and in class." And "I saw some kids blossom out of their shyness after being given a chance to meet new friends outside of the classroom setting. Very helpful boost to their sense of belonging in class."*

♦ Process measures:
  ◈ 2,300 people were served, ages 6 - 50.

♦ Leveraging:
  ◈ 35 volunteers provided 130 volunteer hours.

Stevens County

Name of Program: <u>Community Mobilization Program</u> **Contact: <u>Tom and Susan Lawyer</u>**
Phone: <u>(509) 684-6992</u>

Mission Statement: Create a safe, healthy, drug and violence free community.

Activity #1: Stevens County Substance Abuse Coalition (SCSAC) Board

♦ Risk and Protective Factor(s): Community Laws and Norms Favorable To Drug Use; and Favorable Attitudes Toward the Problem Behavior.

♦ Goal/Program Focus: To increase the capabilities of communities and individuals to address and prevent ATOD use and the delinquent behavior of youth.

♦ Target Groups: County residents, ages 10 and higher.

♦ Prevention Activities: SCSAC Board meetings and related activities including training, evaluation, and Board projects. Collaborative efforts included: Stevens County Counseling Services; Sheriff's Department; Juvenile Diversion; Youth and Family Network; Board of Commissioners; Environmental Health; Spokane Tribe; six school districts; ESD 101; Tri-County Health; DASA; DSHS; DCFS; District Court Probation; Court Appointed Special Advocate; DUI Impact Panel; MADD Chapter; Youth Dot Com; State Department of Corrections; Rural Resources; service clubs and organizations; the following community members: parents, youth, and seniors; and the following police departments: Colville, Chewelah, and Kettle Falls.

♦ Near-Term Objectives: Increase group and individual decision-making skills among community members.

♦ Long-Term Objectives: Increase community sense of influence in reducing risk factors.

♦ Measurement Tools/Methods and Results:
   ◈ Survey data: CM Board Scorecard.
   ◈ Focus Groups: Related interviews and discussions.

♦ Process measures:
   ◈ <u>292</u> people were served, ages <u>17 - 65</u>.

♦ Leveraging:
   ◈ <u>210</u> volunteers provided <u>768</u> volunteer hours at $18/hour, for an estimated value of <u>$13,824</u>.

Activity #2: Stevens County Meth Action Team

♦ Risk and Protective Factor(s): Community Laws and Norms Favorable To Drug Use; Favorable Attitudes Toward the Problem Behavior; and Early Initiation of the Problem Behavior.

♦ Goal/Program Focus: Establish a Stevens County Meth Action Team collaborative strategy to: 1) Assess current efforts; 2) Develop, plan, implement, and evaluate the Meth Strategy; and 3) Involve agencies, community groups, individuals, and youth.

♦ Target Groups: County residents, ages 10 and higher.

♦ Prevention Activities: Facilitate collaborative meth efforts; develop protocols for youth at meth sites; and reduce duplication of meth-related efforts. Develop and present awareness programs regarding the harmful effects of meth abuse. Collaborative efforts included all organizations listed under Activity #1.

♦ Near-Term Objectives: Increase the capabilities of agencies, communities, and individuals to address and prevent the manufacture and use of meth and related problems; and to increase the understanding of the harmful effects of meth.

♦ Long-Term Objectives: Develop a countywide meth reduction strategy that focuses on reduction of use and abuse, and increased public awareness of the problem. Increase community sense of influence in reducing risk factors.

♦ Measurement Tools/Methods and Results:
   ◈ Survey data: SCSAC R/P Ranking Instrument, Arrest/Treatment Statistics, DASA R/P County Profile.
   ◈ Personal Inventories.

♦ Process measures:
   ◈ 2,885 people were served, ages 14 - 75.

♦ Leveraging:
   ◈ 109 volunteers provided 697 volunteer hours at $18 per hour, for a total value of $12,546.

Activity #3: Strengthening Families

♦ Risk and Protective Factor(s): Community Laws and Norms Favorable To Drug Use; Favorable Attitudes Toward the Problem Behavior; Early Initiation of the Problem Behavior; and Family Management Problems.

♦ Goal/Program Focus: Help at-risk families to develop healthy beliefs and clear standards concerning alcohol, tobacco, other drugs, and violence. Increase parental and family skills and knowledge to better deal with problem behaviors.

♦ Target Groups: At-risk families with a history of family management problems and resulting behaviors.

♦ Prevention Activities: SCSAC co-sponsored the training of 12 volunteer facilitators who provided the *Strengthening Families* Workshops throughout the country. The goal was to provide at least six workshops by June 2004. Collaborative efforts included: Stevens County Counseling Services, Youth Dot Com, Rural Resources, school districts, DCFS, Washington State University, County Extension, and community groups.

♦ Near-Term Objectives: Increase the skills of identified at-risk families by providing parenting classes.

♦ Long-Term Objectives: Reduce identified risk factors to a level at or below the state average as reflected by the Healthy Youth Survey, and by longitudinal studies conducted by WSU.

♦ Measurement Tools/Methods and Results:
   ◈ Outcome data from WSU longitudinal studies regarding the Strengthening Families Program.
   ◈ Healthy Youth Survey data.

♦ Process measures:
   ◈ 12 people were served, ages 30 - 65.

♦ Leveraging:
   ◈ 69 volunteers provided 531 volunteer hours at $18/hour, for a total value of $9,558.

Thurston County

Name of Program: TOGETHER!
Contact: Mary Segawa
Phone: (360) 493-2230 Ext. 12

Mission Statement: Mobilizing the community to increase awareness, and prevent youth violence and drug, alcohol, and tobacco use.

Activity #1: After-School and Summer Programs

♦ Risk and Protective Factor(s): Academic Failure Beginning in Late Elementary School; and Bonding.

♦ Goal/Program Focus: Provide opportunities during out-of-school time that promote skill-building, academic achievement, healthy behaviors, and bonding with positive role models.

♦ Target Groups: Children and youth at four TOGETHER! Neighborhood Centers.

♦ Prevention Activities: After-school and summer programs to include academic and social skill building; and cultural, recreational, and educational activities. These target children and youth are at higher risk for substance abuse and delinquent behavior. Two sites are Centers located at affordable housing complexes; two sites are located at schools, and target youth from affordable housing complexes. Partners include schools, service clubs, businesses, other youth-serving agencies, churches, and local government. The principals at the two school sites have both expressed the need for these programs and the positive outcomes they see occurring, many of which are discernible but not easily quantified.

♦ Near-Term Objectives: 50% of parents surveyed will report the program having a positive impact on their child's school performance and on their child's behavior at home.

♦ Long-Term Objectives: Increased academic success.

♦ Measurement Tools/Methods and Results:
  ◈ Parent Surveys: Over 85% of parents surveyed reported their child was doing better in school, getting along better at school, getting along better at home, and making better choices because of involvement in the Neighborhood Center.
  ◈ Teachers Surveys: 58% reported student improvement in academic performance; 48% reported student improvement in turning in homework on time; 66% reported student improvement in completing homework to teachers' satisfaction; 59% reported student improvement in participating in class; and 48% reported student improvement in getting along with other students.
  ◈ Youth Surveys: 95% of the students reported they liked the after-school program; and 84% reported that they learned new skills.

♦ Process measures:
  ◈ <u>241</u> people were served, ages <u>preschool - 19</u>.

♦ Leveraging:
  ◈ <u>156</u> volunteers provided <u>824</u> volunteer hours.
  ◈ In-kind support totaled over <u>$33,000</u> in donated goods and services. This included rent and utilities (over $16,000), donated food (over $2500), and professional services (over $13,000).

Activity #2: Community Collaboration Prevention Efforts

♦ <u>Risk</u> and Protective Factor(s): Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime.

♦ Goal/Program Focus: Mobilize the community to focus on preventing youth substance abuse and violence.

♦ Target Groups: Adults and youth in Thurston County, with special emphasis given to high-risk populations and key leaders.

♦ Prevention Activities: Key leaders participated on the TOGETHER! Core Board and other TOGETHER! prevention advisory groups. The TOGETHER! Core Board brought together 35 key leaders from schools, law enforcement, local government, the faith community, businesses, social service agencies, treatment, and parents to address prevention issues and further ATOD education efforts. The Drug-Free Communities Work Group oversaw and implemented the activities of the Drug-Free Communities grant, including compliance checks, a youth coalition, parent education activities, and tobacco education activities. The Community Education and Outreach Committee developed a "Be A Role Model" campaign. The Evergreen Villages Neighborhood Network, a consortium of community partners, worked to strengthen the Evergreen Villages Neighborhood Center. Another ad hoc group worked to compile and publish local student survey results.

♦ Near-Term Objectives: Increase citizen awareness of ATOD abuse and delinquent behavior by youth in Thurston County.

♦ Long-Term Objectives: Promote widespread communication and collaboration across domains and disciplines to reduce ATOD abuse and violence.

♦ Measurement Tools/Methods and Results:
  ◈ Program documentation (attendance sheets, minutes of meetings) reflected significant collaborations that included school districts, law enforcement, local businesses, local non-profits, local government, OSPI, the Health Department, religious organizations, and service clubs. Activities resulting from these collaborations ranged from information dissemination and media efforts to parent education.

♦ Process measures:
  ◈ <u>52</u> community leaders and others were involved in collaborative planning efforts.

♦ Leveraging:
  ◈ <u>52</u> volunteers provided <u>335</u> volunteer hours.
  ◈ In-kind support included <u>$3,185</u> in professional services.

Name of Program: Wahkiakum County Human Services   **Contact: Joell Archibald**
                                                                                      Phone: (360) 795-8630

Mission Statement: To promote self-sufficiency; life-long learning; and healthy living free of abuses and violence for children, teens and families.
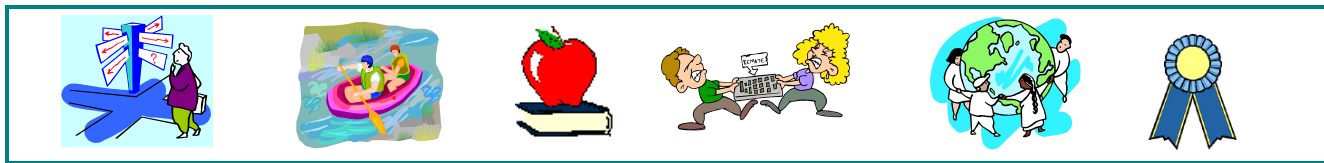
Activity #1: Summer Youth Adventure Program (SYAP)

- Risk and Protective Factor(s): Bonding: Attachment to Prosocial Peers; Low Neighborhood Attachment and Community Disorganization; Early Initiation of the Problem Behavior; and Community: Opportunities for Prosocial Involvement.

- Target Groups: Wahkiakum County school-aged children during summer vacation.

- Prevention Activities: A summer activity program developed in collaboration between the St. James Family Center, the WSU 4-H Extension, and Wahkiakum County Health and Human Resources. Our goal is to provide interesting, educational, and fun activities for as many children as possible.

- Measurement Tools/Methods and Results:
    ◇ Survey data: Questionnaire and verbal comments.
    ◇ Parent and youth feedback expressing appreciation for the low cost/no cost activities designed for all ages.

- Process measures:
    ◇ 134 people were served, ages 3 - 13.

- Leveraging:
    ◇ 44 volunteers provided 148 volunteer hours that included: set up for training, training of SYAP, and advertising.

Activity #2: Teen Adventure Program (TAP)

- Risk and Protective Factor(s): Bonding: Attachment to Prosocial Peers; Early Initiation of the Problem Behavior; Favorable Attitudes Toward the Problem Behavior; and Friends Who Engage in the Problem Behavior.

- Target Groups: All Wahkiakum County youth 11 - 19 years of age.

- Prevention Activities: Teen Adventure activities occur once a month and have a cost as low as $5 (inability to pay will not prevent participation). Activities are alcohol and drug free.

- Measurement Tools/Methods and Results:
    ◇ Survey data: Each participant completes a survey after each trip.
    ◇ Snowboarding is the most popular event. It targets many at-risk participants.

- ♦ Process measures:
  - ◈ 78 people were served, ages 11 - 19.

- ♦ Leveraging:
  - ◈ Six volunteers provided 120 volunteer hours.
  - ◈ In-kind support included: using the *Peace Health* Bus; scheduling events; and advertising.

Activity #3: Drug Abuse Resistance Education (DARE)

- ♦ Risk and Protective Factor(s): Community Laws and Norms Favorable to Drug Use; Favorable Attitudes Toward the Problem Behavior; Family Conflict; and Transitions and Mobility.

- ♦ Goal/Program Focus: Learn positive alternatives when refusing drug, alcohol, and violence situations.

- ♦ Target Groups: Sixth graders.

- ♦ Prevention Activities: DARE in the school setting for 17 weeks, one hour each week, with a uniformed police officer.

- ♦ Measurement Tools/Methods and Results:
  - ◈ Survey data: Pre/post tests administered for each sixth grade.
  - ◈ Citizens regularly ask about the DARE Program, and lend their support in many ways. Both the Wahkiakum and the Naselle-Grays River School Districts are very supportive.

- ♦ Process measures:
  - ◈ 165 people were served, ages 5 - 11.
  - ◈ 64 youth were served from the sixth grade.

- ♦ Leveraging:
  - ◈ Eight volunteers provided 16 volunteer hours.
  - ◈ In-kind support included visits from Digger, the drug dog.

Activity #4: Youth Resiliency Training Program/Cispus

- ♦ Risk and Protective Factors: Lack of Commitment to School; Bonding: Attachment to School; School: Opportunities for Prosocial Involvement; and Bonding: Attachment to Prosocial Peers.

- ♦ Target Groups: The incoming Freshman Class at Wahkiakum High School.

- ♦ Prevention Activities: A skill-building experiential retreat aimed at reducing substance abuse and increasing healthy lifestyle choices for teens at the time of transition from middle school to high school.

- ♦ Measurement Tools/Methods and Results:
  - ◈ Survey Data: Questionnaire and verbal comments using the CM pre/post test measuring four core domains, and for two and six months following the project.

- ♦ Process Measures:
  - ◈ 25 high school freshmen attended, with 10 additional persons participating on the planning committee and attending for a 2nd year.

- ♦ Leveraging:
  - ◈ 10 volunteers provided 200 volunteer hours.

Walla Walla County

Name of Program: Community Mobilization   **Contact: Alex Luft**
                                                               Phone: (509) 527-3278

Mission Statement: To create a school climate where students use empathy and conflict resolution skills to reduce impulsive and aggressive behavior.

Activity #1: Second Step

♦   Risk and Protective Factor(s): Prosocial Peer Attachment; Bonding: and Opportunities for Prosocial Community Involvement.

♦   Goal/Program Focus: Increase student empathy, and decrease impulsive/aggressive behavior by teaching students the skills to avoid impulsive and aggressive behavior.

♦   Target Groups: Sixth grade students at an intermediate school.

♦   Prevention Activities: Used the best practice curriculum *Second Step* in a school setting. The program taught three skill units—Empathy, Impulse Control, and Anger Management.

♦   Near-Term Objectives: Reduce bullying behaviors, increase classroom bonding, and improve conflict resolution skills.

♦   Long-Term Objectives: Continued use of conflict resolution skills and methods; and reduced referrals for bullying behaviors.

♦   Measurement Tools/Methods and Results:
    ◈   The instructor reported that most students improved over the course of the program. At the program outset, many of the students complained that the program was just like D.A.R.E. and they had already taken it. The instructor countered that they should always be learning, and began the program. He said that by the time they got to the skills application part (early in the program) where they learned about/role played scenarios around peer pressure, gang pressure, bullying, and diffusing fights, they were very much into the program and enjoying it. He concluded that although they had a bit of a difficult sell, "attitudes began to change when kids were having fun as the program progressed". He feels that the program was beneficial and would like to continue using it.
    ◈   Twenty-five program participants also took the Individual Domain pre- and post-survey. Although the sample size is so small that the Likelihood Ratio Chi-Square test of significance may be invalid, two items in the survey demonstrated significance (with probabilities of 0.035 and 0.027), suggesting that the program reduced the rebellious attitudes of the participants.

- ♦ Process measures:
  - ◈ <u>107</u> people were served, ages <u>12 - 13</u>.

- ♦ Leveraging:
  - ◈ In-kind support included office supplies and printing valued at $<u>425</u>.

Activity #2: Gang Reduction Education and Training (GREAT)

- ♦ Risk and Protective Factor(s): Prosocial Peer Attachment.

- ♦ Goal/Program Focus: To increase student empathy and decrease impulsive/aggressive behavior by teaching students the skills to avoid impulsive and aggressive behavior.

- ♦ Target Groups: Seventh grade students at an intermediate school, both males and females.

- ♦ Prevention Activities: Using Gang Resistance Education and Training (GREAT) in a school setting; teach four skills units: personal, resiliency, resistance, and social. The Challenge Ropes Course was used as part of the program to enhance opportunities for bonding.

- ♦ Near-Term Objectives: Reduce bullying behaviors, increase group bonding, and improve conflict resolution and decision-making skills.

- ♦ Long-Term Objectives: Continue use of conflict resolution skills.

- ♦ Measurement Tools/Methods and Results:
  - ◈ Pre/post-test results showed:
    - Students who participated at the pre-test reported that they were "some or a lot committed" to school; at post-test, 99% were "some or a lot committed."
    - Neighborhood attachment at pre-test was 78% "some or a lot;" at post-test was 82%.
    - Perceived availability of drugs at pre-test was 85% "some or a lot;" at post-test was 88%.
    - "School opportunities" at pre-test was 64% "some or a lot;" at post-test was 81%.
    - "Gang resistance skills" at pre-test was 74% "some or a lot;" at post-test was 86%.

- ♦ Process measures:
  - ◈ <u>95</u> people were served, ages <u>12 - 13</u>.

Whatcom County

Name of Program: <u>Straight Talk About Responsibility</u>   **Contact: <u>Jim DeGolier</u>**
                                                                          Phone: <u>(360) 671-6154</u>

Mission Statement: To work in partnership within Whatcom County to reduce alcohol and other drug abuse.

Activity #1: Whatcom County Drug-Free Youth Program

♦   Risk and Protective Factor(s): Favorable Attitudes Toward the Problem Behavior; Friends Who Engage in the Problem Behavior; Early Initiation of the Problem Behavior; and Opportunities, Skills, and Recognition.

♦   Goal/Program Focus: Provide a positive reward system to reinforce youths' non-use attitudes and behaviors.

♦   Target Groups: Teens (aged 13-18) in five public school systems.

♦   Prevention Activities: Benefits and incentives were offered to teens that committed to remain drug free during the school year. 545 teens from five school districts enrolled. Nineteen merchants joined to extend discounts to participating members. Thirty student leaders were recruited and trained to provide educational and Prosocial events at their schools:
  ◇   Conducted four tobacco education fairs for 158 teens in four schools, demonstrating the effects of tobacco use on health, exposing the marketing tactics employed by the tobacco industry, and creating counter-ads for tobacco products.
  ◇   Conducted four role-playing exercises for 183 students in five schools; addressing issues about drinking and dating violence, drinking and driving, and alcohol poisoning.
  ◇   Designed and tested a drinking and driving simulation exercise with the local police and Washington State Patrol, to be used in future educational sessions.
  ◇   Co-taught Project ALERT curriculum to 142 seventh graders in one middle school.

♦   Near-Term Objectives: Zero percent positive usage rate for initial UA screens; and less than 2.5% positive rate for random UA screens. Increase retention in the program from middle school to high school. Decrease reported: "favorable attitudes toward use" and "peers who use" among DFY members.

♦   Long-Term Objectives: Minimize repeat and new drug use among students reporting history of use. Sustained history of non-use among students who have reported never using.

♦   Measurement Tools/Methods and Results:
  ◇   Survey data: Measurements using a program survey instrument showed that sustained non-use among members with no history was 100%. Recurring use among members reporting history of use was 50-100% lower than the general population.

♦   Process measures:
  ◇   <u>724</u> people were served, ages <u>13 - 18</u>.

♦   Leveraging:
  ◇   <u>36</u> volunteers provided <u>400</u> volunteer hours.
  ◇   In-kind support: Whatcom Family YMCA provided annual membership for 120 members valued at $120 each, for a total contribution of <u>$14,400</u>. In addition, <u>$15,000</u> in local contributions was raised.

Activity #2: Meth Action Team

♦ Risk and Protective Factor(s): Community Laws and Norms Favorable to Drug Use.

♦ Goal/Program Focus: Convene local response team to develop plans to reduce meth production and use.

♦ Target Groups: Law enforcement, fire departments, Health Department, Child Protective Services, Department of Ecology, DEA, County Prosecutor's office, treatment services, and prevention services.

♦ Prevention Activities: Held four meetings to identify and coordinate local issues. Goals were to enhance the capacity of local response agencies to increasing meth lab activity; and to develop a community outreach plan to engage retailers, real estate/property managers, and utility workers.
  ◈ The Health Department and Bellingham Police Department developed presentations to be used in FY 2003-2004, including the production of a local training video in cooperation with the Whatcom County Sheriff's Office, eight local retailers, and a local production company. The video, *Target: Methamphetamine,* will be used to train retailers and their employees about strategies to recognize and reduce their exposure to meth-related precursor sales and transactions.
  ◈ Established a reporting system that will allow retailers to report suspicious sales and transactions to local law enforcement; and engaged eight local law enforcement jurisdictions to support the education and reporting system.

♦ Near-Term Objectives: Increase the capacity of local responders to deliver coordinated responses to lab closures. Develop a marketing and outreach plan to raise awareness about meth within the community.

♦ Long-Term Objectives: Curtail new meth lab activity; and increase reporting to law enforcement.

♦ Measurement Tools/Methods and Results:
  ◈ Process documentation to monitor the progress on the action plan.

♦ Leveraging:
  ◈ 56 volunteers provided 228 volunteer hours.
  ◈ In-kind support: Bellingham Police Department provided $3,000 for the production of the retailer training video, *Target: Methamphetamine*, including officer time to plan and film the video.

Activity #3: Community Mobilization

♦ Risk and Protective Factors(s)**:** Community Laws and Norms Favorable to Drug Use; and Healthy Beliefs and Clear Standards.

♦ Goal/Program Focus: Increase community collaboration among key community groups. Increase community investment in local prevention efforts.

♦ Target Groups: Community organizations, schools, and prevention services.

♦ Prevention Activities: Convened four meetings of the Partners In Prevention Coalition involving 12 local agencies, schools, and organizations. Expanded community involvement in the community needs assessment process. Developed and tested a community mapping tool to profile the existing prevention services and resources in the community.

♦ Near-Term Objectives: Increase participation of local partners.

♦ Long-Term Objectives: Collaborate among local partners in prevention groups through a comprehensive prevention strategy; coordinated service delivery; and shared outcome and evaluation measurements.

♦ Measurement Tools/Methods and Results:
  ◈ Survey Data: Resource Mapping showed existing connections among partners as a baseline for change.
  ◈ Process documentation recorded the progress of the Partners in Prevention outreach plan.

♦ Leveraging:
  ◈ 15 volunteers provided 120 volunteer hours.

114

Whitman County

Name of Program: CMASA Prevention Services   **Contact: Sigrid M. Gauger**
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Mission Statement: To facilitate, empower, and mobilize Whitman County citizens to create and sustain healthy, safe, and economically viable communities, free from substance abuse, violence, and their related social ills, by fostering communication, cooperation, and collaboration.

Activity #1: Family Night Out

♦ Risk and Protective Factor(s): Community Laws and Norms Favorable to Drug Use; Family Management Problems; and Healthy Beliefs and Clear Standards.

♦ Goal/Program Focus: To increase family activities, communication, and problem-solving skills; raise awareness and knowledge of ATOD issues; and build community cohesiveness.

♦ Target Groups: All participating Whitman County families.

♦ Prevention Activities: Evening event held at schools to promote positive school-family interaction. Begins with a family meal served free of charge, and is followed by an educational activity that deals with substance abuse prevention, building stronger families, or communication skills. The evening ends with a debriefing and door prizes.

♦ Near-Term Objectives: 1) Build family communication and problem-solving skills; 2) increase attendees' education and awareness of ATOD issues; and 3) build community support and cohesiveness.

♦ Long-Term Objectives: 1) Reduce family management problems; 2) increase communication in families and support within communities; and 3) reduce levels of ATOD use among attendees throughout Whitman County.

♦ Measurement Tools/Methods and Results:
  ◈ Post-event survey results rated the activities as very effective in building family, school, and community bonds; and providing substance abuse prevention education.

♦ Process measures:
  ◈ 403 people were served, ages preschool - 80.

♦ Leveraging:
  ◈ 12 volunteers provided 30 volunteer hours, valued at $480.
  ◈ In-kind support included school facility use, materials, and speaker honorariums—all totaling $1,200.

Activity #2: DUI Forums

♦ Risk and Protective Factor(s): Community Laws and Norms Favorable to Drug Use; and Healthy Beliefs and Clear Standards.

♦ Goal/Program Focus: To increase adolescents' awareness of the dangers of driving under the influence of alcohol and other drugs, including the legal consequences and potential morbidity/mortality associated with this risky behavior.

♦ Target Groups: Junior and senior high school students in Whitman County.

- Prevention Activities: An interactive panel (comprised of law enforcement, the county prosecuting attorney and juvenile services director, chemical dependency counselors, and emergency medical services personnel) presentation about the local impact and consequences of underage drinking and DUI. An emotionally dramatic video shows the aftermath of a local family's devastating loss of their teenage son following a DUI crash, providing the victim perspective.

- Near-Term Objectives: 1) Increase the knowledge of junior and senior high school students of the legal consequences and the morbidity/mortality associated with DUI; 2) increase knowledge of alcohol dependency and available community resources for assistance; and 3) present the local victim perspective to bring home the fact that this problem doesn't just happen somewhere else.

- Long-Term Objectives: 1) Decrease the number of junior and senior high school students that make the decision to drink and drive [or ride with an impaired driver]; 2) decrease underage drinking and subsequent minor-in-consumption or minor-in-possession incidents; 3) increase peer attitudes that it is unacceptable to DUI; 4) increase the use of sober transportation alternative among teens; and 5) increase the use of safety restraints among teen participants.

- Measurement Tools/Methods and Results:
  - Pre- and post-event surveys showed positive shifts in student knowledge of DUI laws/perceived fairness and the potential consequences of DUI, discouraging the risky behavior. A majority of students rated the program as either "effective" or "highly effective."

- Process measures:
  - 723 people were served, ages 13 - 18 at seven Whitman County secondary schools.

- Leveraging:
  - Eight volunteers provided 119.5 volunteer hours, valued at $1,912.
  - In-kind support included vehicle mileage for presenters: 1,251 miles at $.36/mile, for a value of $451.

ACTIVITY #3: ROPES Challenge Courses

- Risk and Protective Factor(s): Rebelliousness; and Bonding with School and Community.

- Goal/Program Focus: Enhance the social skills of youth; build group cohesion among participants and mentors; and increase youth exposure to positive adult and older youth role models.

- Target Groups: Youth (ages 11 - 18) and adults throughout Whitman County. A special emphasis was placed upon youth in transition.

- Prevention Activities: Youth attended a one- or two-day event at the Elberton Ropes Course. Challenge course activities taught problem-solving, communication, and team building skills while offering bonding with a positive role model/mentor assigned to each small group.

- Near-Term Objectives: 1) Increase youth social skills; 2) decrease levels of violence and delinquency among participants; 3) increase association with positive older youth and adult role models; and 4) reduce feelings of isolation and alienation.

- Long-Term Objectives: 1) Reduce ATOD use among participants; 2) reduce levels of violent, aggressive, or delinquent behavior among youth; 3) increase positive community and school interaction among youth; and 4) reduce levels of youth suicide throughout Whitman County.

- Measurement Tools/Methods and Results:
  - Post-survey of school personnel indicated overall program satisfaction in developing teamwork and problem-solving skills while reducing feelings of alienation among participating student groups.

- Process measures:
  - 148 youth were served, ages 11 - 18.

- Leveraging:
  - In-kind support included transportation and staff time from the LaCrosse, Colton, Rosalia, Tekoa, Steptoe, and Garfield schools valued at approximately $2,700.

COMMUNITY MOBILIZATION
Program Summary, July 2002– June 2003

Yakima County

Name of Program: <u>Yakima County Substance Abuse Coalition</u>   **Contact: <u>Steve Magallan</u>**
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Mission Statement: To reduce and prevent substance abuse and related crime and violence in Yakima County.

Activity #1: Lower Valley Substance Abuse Coalition (LVSAC)

♦ Risk and Protective Factor(s): Availability of Drugs; and Low Neighborhood Attachment and Community Disorganization.

♦ Goal/Program Focus: Increase neighborhood coalition's ability to develop strategies to reduce ATOD use and abuse and subsequent connected criminal activity.

♦ Target Groups: All ages, and in high-risk neighborhoods.

♦ Prevention Activities: The Lower Valley Substance Abuse Coalition is a 25-member advisory group that is integrally involved in the planning and implementation of community mobilizing activities in a collaborative effort. Organization of community events such as Midnight Live and National Night Out Against Crime and Drugs are some of the accomplishments of the LVSAC. The LVSAC meets on a monthly basis to coordinate efforts, and to stay up-to-date and address community issues.

♦ Near-Term Objectives: Increase number of registered voters; and increase familial contact, block-by-block, in high-risk neighborhoods.

♦ Long-Term Objectives: Reduce community conflict and criminal activity among targeted community members; and increase role of neighborhood coalitions in community problem solving.

♦ Measurement Tools/Methods and Results:
  ◈ The coalition's successful coordination of community activities has provided impetus for collaboration within the Lower Yakima Valley.

♦ Process measures:
  ◈ <u>300</u> youth participated in Midnight Live.

♦ Leveraging:
  ◈ In-kind support: Adult and youth volunteers contributed over <u>2,000</u> hours for National Night Out and Midnight Live.

Activity #2: Drug and Alcohol Awareness Month

♦ Risk and Protective Factor(s): Favorable Parental Attitudes and Involvement in the Problem Behavior; Family Conflict; Family Attachment; Bonding; and Healthy Beliefs and Clear Standards.

♦ Goal/Program Focus: Increase parents' ability to identify signs of potential ATOD use.

♦ Target Groups: Parents (ages 15 - 35) and youth (birth – 13 years) in four-targeted high-risk cities, with special emphasis on teen parents and parents who have been involved with substances.

♦ Prevention Activities: Annually, the Drug and Alcohol Awareness Month Program continues to expand across Yakima County. Educators in school districts in Yakima County coordinated creative activities in elementary through high schools to engage students and families in substance abuse and violence reduction activities. Students selected the slogan: *Drugs Won't Stop Me in 2003*. Activities included poster and t-shirt contests, school assemblies, family sock-hops, school wellness walks, small group discussions, guest speakers, and theatrical presentations.

♦ Near-Term Objectives: Decrease family conflict through clear disciplinary procedures in the home and improved communication among all parties in the home.

♦ Long-Term Objectives: Reduce the number of first-time users in the community; reduce the number of ATOD violence-related incidents; and increase clear, articulated standards and beliefs throughout the targeted communities.

♦ Measurement Tools/Methods and Results:
  ◈ Multiple schools in the region participated.

♦ Process measures:
  ◈ An estimated 5,000 students actively participated in the substance abuse and violence prevention activities.

Activity #3: National Night Out (NNO) Against Crime and Drugs

♦ Risk and Protective Factor(s): Low Neighborhood Attachment and Community Disorganization; Community Opportunities for Prosocial Involvement; and Community Rewards for Prosocial Involvement.

♦ Goal/Program Focus: To heighten crime and drug prevention awareness.

♦ Target Groups: All ages, and high-risk neighborhoods.

♦ Prevention Activities: The purpose of National Night Out is to heighten crime and drug prevention awareness; generate support for and participation in local anti-crime programs; and strengthen neighborhood spirit and police-community partnerships. This year, the city of Yakima focused on individual block parties instead of one large community event. The four cities of the LVSAC organized one large community gathering centrally located. Over 1,500 community members received information about neighborhood watch programs, safety, and crime prevention strategies.

♦ Near-Term Objectives: Increase number of registered voters; and increase familial contact, block-by-block, in high-risk neighborhoods.

♦ Long-Term Objectives: Reduce community conflict and criminal activity among targeted community members; and increase role of neighborhood coalitions in community problem solving.

♦ Measurement Tools/Methods and Results:
  ◈ Increased number of communities participating in this annual event.
  ◈ Increased individual block parties in the city of Yakima.
  ◈ Increased community leadership participation.
  ◈ Increased community members signing up for neighborhood block watch.

♦ Process measures:
  ◈ An estimated 5,000 community members attended NNO activities countywide.
  ◈ Law Enforcement reported increased block party sign up forms and neighborhood block watch presentations.
  ◈ Increased participation by community leaders in event planning and event participation.
  ◈ Increased participation by community members.

APPENDICES

APPENDIX A

COMMUNITY MOBILIZATION
REGIONAL MAP

Whatcom

San Juan

Island

Skagit

Pend
Oreille

Okanogan

Ferry

Stevens

Clallam

Snohomish

Jefferson

Chelan

King

Douglas

Lincoln

Spokane

Grays
Harbor

Mason

Grant

Pierce

Adams

Thurston

Kittitas*

Whitman

Pacific

Lewis

Yakima

Franklin

Wahkiakum

Cowlitz

Benton

Garfield

Columbia

Clark

Skamania

Walla
Walla

Asotin

Klickitat
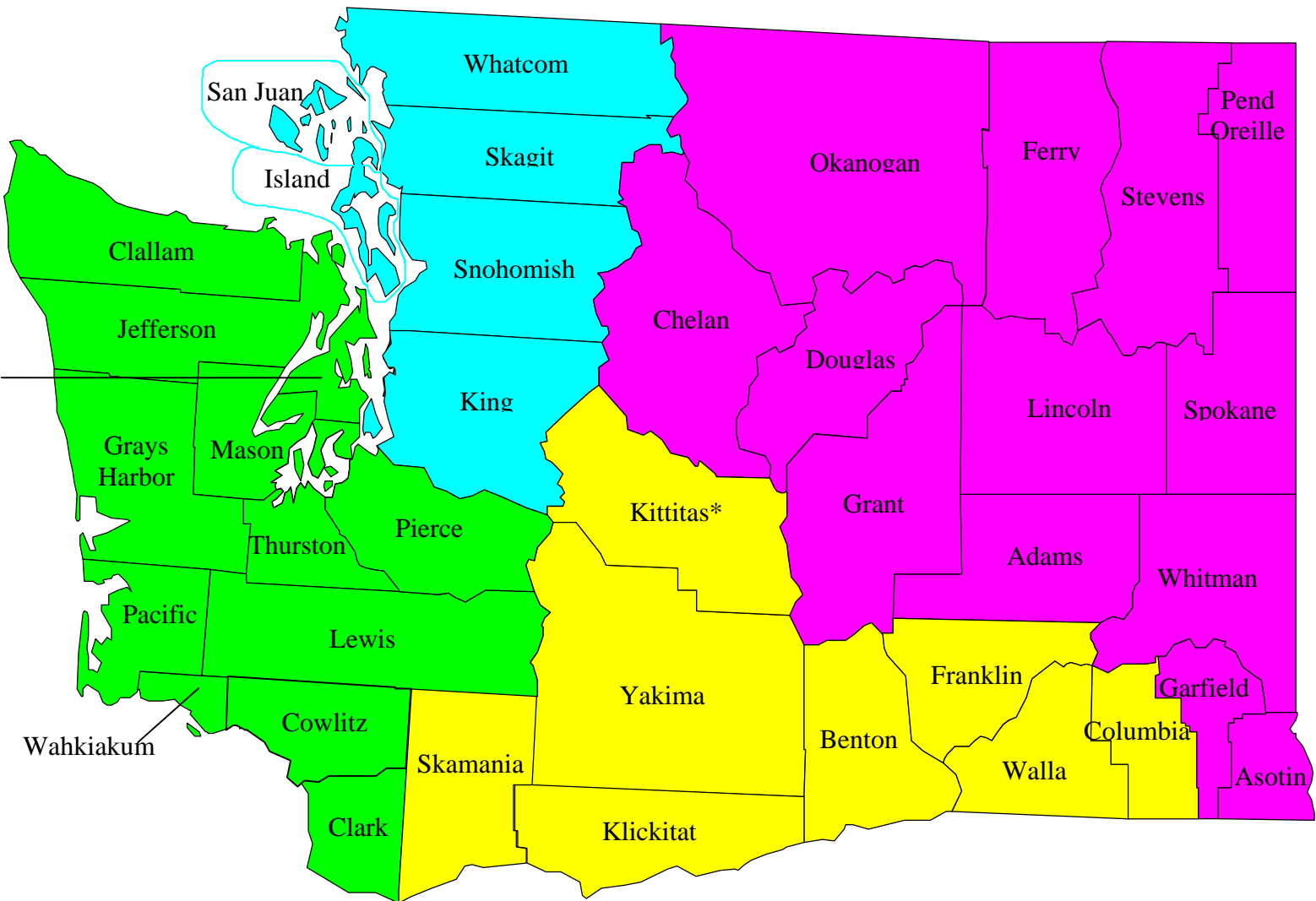
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APPENDIX B

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APPENDIX C

PRINCIPLES OF EFFECTIVE PREVENTION

Principles of Effective Substance Abuse Prevention

(Excerpt from "Principles of Substance Abuse Prevention" by the Center for Substance Abuse Prevention, 2001, p. 1-4.)

This page provides a brief listing of the scientifically defensible principles that can help service providers design and implement programs that work. The more detailed descriptions of each principle can be found at www.samhsa.gov/centers/csap/modelprograms/pdfs/pubs_Principles.pdf.

The principles are divided into six domains: Individual, Family, Peer, School, Community, and Society/Environmental.

Individual Domain

I-1   Build social and personal skills.
I-2   Design culturally sensitive interventions.
I-3   Cite immediate consequences.
I-4   Combine information dissemination and media campaigns with other interventions.
I-5   Provide positive alternatives to help youth in high-risk environments develop personal and social skills in a natural and effective way.
I-6   Recognize that relationships exist between substance use and a variety of other adolescent health problems.
I-7   Incorporate problem identification and referral into prevention programs.
I-8   Provide transportation to prevention programs.

Family Domain

F-1   Target the entire family.
F-2   Help develop bonds among parents in programs; provide meals, transportation, and small gifts; sponsor family outings; and ensure cultural sensitivity.
F-3   Help minority families respond to cultural and racial issues.
F-4   Develop parenting skills.
F-5   Emphasize family bonding.
F-6   Offer sessions where parents and youth learn and practice skills.
F-7   Train parents to both listen and interact.
F-8   Train parents to use positive and consistent discipline techniques.
F-9   Promote new skills in family communication through interactive techniques.
F-10   Employ strategies to overcome parental resistance to family-based programs.
F-11   Improve parenting skills and child behavior with intensive support.
F-12   Improve family functioning through family therapy when indicated.
F-13   Explore alternative community sponsors and sites for schools.
F-14   Videotape training and education.

Peer Domain

P-1   Structure alternative activities and supervise alternative events.
P-2   Incorporate social and personal skills-building opportunities.
P-3   Design intensive alternative programs that include a variety of approaches and substantial time commitment.
P-4   Communicate peer norms against use of alcohol and illicit drugs.
P-5   Involve youth in the development of alternative programs.
P-6   Involve youth in peer-led interventions or interventions with peer-led components.
P-7   Counter the effects of deviant norms and behaviors by creating an environment for youth with behavior problems to interact with other nonproblematic youth.

School Domain

S-1   Avoid relying solely on knowledge-oriented interventions designed to supply information about negative consequences.
S-2   Correct misconceptions about the prevalence of use in conjunction with other education approaches.
S-3   Involve youth in peer-led interventions or interventions with peer-led components.
S-4   Give students opportunities to practice newly acquired skills through interactive approaches.
S-5   Help youth retain skills through booster sessions.
S-6   Involve parents in school-based approaches.
S-7   Communicate a commitment to substance abuse prevention in school policies.

Community Domain

C-1   Develop integrated, comprehensive prevention strategies rather than one-time community-based events.
C-2   Control the environment around schools and other areas where youth gather.
C-3   Provide structured time with adults through mentoring.
C-4   Increase positive attitudes through community service.
C-5   Achieve greater results with highly involved mentors.
C-6   Emphasize the costs to employers of workers' substance use and abuse.
C-7   Communicate a clear company policy on substance abuse.
C-8   Include representatives from every organization that plays a role in fulfilling coalition objectives.
C-9   Retain active coalition members by providing meaningful rewards.
C-10 Define specific goals and assign specific responsibility for their achievement to subcommittees and task forces.
C-11 Ensure planning and clear understanding for coalition effectiveness.
C-12 Set outcome-based objectives.
C-13 Support a large number of prevention activities.
C-14 Organize at the neighborhood level.
C-15 Assess progress from an outcome-based perspective and make adjustments to the plan of action to meet goals.
C-16 Involve paid coalition staff as resource providers and facilitators rather than as direct community organizers.

Society/Environmental Domain

S/E-1   Develop community awareness and media efforts.
S/E-2   Use mass media appropriately.
S/E-3   Provide structured time with adults through mentoring.
S/E-4   Avoid the use of authority figures.
S/E-5   Broadcast messages frequently over an extended period of time.
S/E-6   Broadcast messages through multiple channels when the target audience is likely to be
          viewing or listening.
S/E-7   Disseminate information about the hazards of a product or industry that promotes it.
S/E-8   Promote replacement of more conspicuous labels.
S/E-9   Promote restrictions on tobacco use in public places and private workplaces.
S/E-10   Promote clean indoor air laws.
S/E-11   Combine beverage server training with law enforcement.
S/E-12   Combine beverage servers' legal liability.
S/E-13   Increase the price of alcohol and tobacco through excise taxes.
S/E-14   Increase minimum purchase age for alcohol to 21.
S/E-15   Limit the location and density of retail alcohol outlets.
S/E-16   Employ neighborhood antidrug strategies.
S/E-17   Enforce minimum purchase age laws using undercover buying operations.
S/E-18   Use community groups to provide positive and negative feedback to merchants.
S/E-19   Employ more frequent enforcement operations.
S/E-20   Implement "use and lose" laws.
S/E-21   Enact deterrence laws and policies for impaired driving.
S/E-22   Enforce impaired-driving laws.
S/E-23   Combine sobriety checkpoints with positive passive breath sensors.
S/E-24   Revoke licenses for impaired driving.
S/E-25   Immobilize or impound the vehicles of those convicted of impaired driving.
S/E-26   Target underage drivers.

To order a free copy of "Principles of Substance Abuse Prevention" by the Center for Substance Abuse Prevention (2001), contact the National Clearinghouse for Alcohol and Drug Information (NCADI), (800) 729-6686, and request publication order no. "**PHD 865**."

Prevention Principles for Children and Adolescents

(Excerpt from "Preventing Drug Use Among Children and Adolescents: A Research-Based Guide" by the National Institute for Drug Abuse, 1997, p. i-ii)

The following principles can be applied to either existing programs to assess their potential effectiveness or used when designing innovative programs/strategies.

- Prevention programs should be designed to enhance protective factors and move toward reversing or reducing known risk factors.

- Prevention programs should target all forms of drug abuse, including the use of tobacco, alcohol, marijuana, and inhalants.

- Prevention programs should include skills to resist drugs when offered, strengthen personal commitments against drug use, and increase social competency (e.g., in communications, peer relationships, self-efficacy, and assertiveness), in conjunction with reinforcement of attitudes against drug use.

- Prevention programs for adolescents should include interactive methods, such as peer discussion groups, rather than didactic teaching techniques alone.

- Prevention programs should include a parents' or caregivers' component that reinforces what the children are learning -- such as facts about drugs and their harmful effects -- and that opens opportunities for family discussions about use of legal and illegal substances and family policies about their use.

- Prevention programs should be long-term, over the school career with repeat interventions to reinforce the original prevention goals. For example, school-based efforts directed at elementary and middle school students should include booster sessions to help with critical transitions from middle to high school.

- Family-focused prevention efforts have a greater impact than strategies that focus on parents only or children only.

- Community programs that include media campaigns and policy changes, such as new regulations that restrict access to alcohol, tobacco, or other drugs, are more effective when they are accompanied by school and family interventions.

- Community programs need to strengthen norms against drug use in all drug abuse prevention settings, including the family, the school, and the community.

- Schools offer opportunities to reach all populations and also serve as important settings for specific subpopulations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts.

- Prevention programming should be adapted to address the specific nature of the drug abuse problem in the local community.

- The higher the level of risk of the target population, the more intensive the prevention effort must be and the earlier it must begin.

- Prevention programs should be age-specific, developmentally appropriate, and culturally sensitive.

- Effective prevention programs are cost-effective. For every dollar spent on drug use prevention, communities can save 4 to 5 dollars in costs for drug abuse treatment and counseling.

To order a free copy of "**Preventing Drug Use Among Children and Adolescents: A Research - Based Guide**" by the National Institute for Drug Abuse (1997) contact The National Clearinghouse for Alcohol and Drug Information (NCADI), (800) 729-6686, and request publication order no. "**PHD 734**."

APPENDIX D

COMMUNITIES THAT CARE

Communities That Care®

Adolescent Problem Behaviors

RISK FACTORS	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
Community					
Availability of Drugs	4				4
Availability of Firearms		4			4
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	4	4			4
Media Portrayals of Violence					4
Transitions and Mobility	4	4		4	
Low Neighborhood Attachment and Community Disorganization	4	4			4
Extreme Economic Deprivation	4	4	4	4	4
Family					
Family History of the Problem Behavior	4	4	4	4	4
Family Management Problems	4	4	4	4	4
Family Conflict	4	4	4	4	4
Favorable Parental Attitudes And Involvement in the Problem Behavior	4	4			4
School					
Early and Persistent Anti-social Behavior	4	4	4	4	4
Academic Failure Beginning in Late Elementary School	4	4	4	4	4
Lack of Commitment to School	4	4	4	4	4
Individual/Peer					
Alienation and Rebelliousness	4	4		4	
Friends Who Engage in the Problem Behavior	4	4	4	4	4
Favorable Attitudes Toward the Problem Behavior	4	4	4	4	
Early Initiation of the Problem Behavior	4	4	4	4	4
Constitutional Factors	4	4			4

Community Domain

Risk Factor Addressed	Program Strategy	Protective Factors					Developmental Period	Page #
		Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.		
Availability of Drugs	Community/School Policies	4	4	4	4	4	All	136
Availability of Firearms	Community/School Policies	4					All	136
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	Classroom Curricula for Social Competence	4		4			6-14	65
	Community Mobilization	4	4	4	4	4	All	132
	Community /School Policies	4	4	4	4	4	All	136
	Policing Strategies	4					All	140
Media Portrayals of Violence								
Transitions and Mobility	Organizational Change in Schools	4	4	4	4	4	6-18	45
Low Neighborhood Attachment and Community Disorganization	Community Mobilization	4	4	4	4	4	All	132
	Policing Strategies	4					All	140
	Organizational Change in Schools	4	4	4	4	4	All	45
	Classroom Curricula for Social and Emotional Competence Promotion	4		4	4		11-14	65
Extreme Economic Deprivation	Prenatal and Infancy Programs	4	4	4	4	4	Prenatal-3	4
	Youth Employment with Education	4	4	4	4	4	All	128

	Risk Factor Addressed	Program Strategy	Protective Factors					Developmental Period	Page #
			Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.		
Family Domain	**Family History of the Problem Behavior**	Prenatal/Infancy Programs	4	4	4	4	4	Prenatal-2	4
	Family Management Problems	Prenatal./ Infancy Programs	4	4	4	4	4	Prenatal-2	4
		Early Childhood Education	4	4	4	4	4	3-5	14
		Parent Training	4	4	4	4	4	Prenatal-14	25
		Family Therapy	4	4	4	4	4	6-14	41
	Family Conflict	Marital Therapy	4	4	4	4	4	Prenatal	2
		Prenatal/Infancy Programs	4	4	4	4	4	Prenatal-2	4
		Parent Training	4	4	4	4	4	Prenatal-14	25
		Family Therapy	4	4	4	4	4	6-14	41
	Favorable Parental Attitudes and Involvement in the Problem Behavior	Prenatal/Infancy Programs	4	4	4	4	4	Prenatal-2	4
		Parent Training	4	4	4	4	4	Prenatal-14	25
		Community/School Policies	4	4	4	4	4	All	136

School Domain

Risk Factor Addressed	Program Strategy	Protective Factors					Developmental Period	Page #
		Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.		
Early and Persistent Anti-social Behavior	Early Childhood Education	4	4	4	4	4	3-5	14
	Parent Training	4	4	4	4	4	Prenatal-10	25
	Family Therapy	4	4	4	4	4	6-18	41
	Classroom Organization, Management and Instructional Strategies	4	4	4	4	4	6-18	51
	Classroom Curricula for Social and Emotional Competence Promotion	4	4	4	4	4	6-14	65
	School Behavior Management Strategies	4		4		4	6-14	98
	Afterschool Recreation Programs	4	4	4	4	4	6-10	118
	Mentoring	4		4		4	11-18	122
Academic Failure Beginning in Late Elementary School	Prenatal/Infancy Program	4	4	4	4	4	Prenatal-2	4
	Early Childhood Education	4	4	4	4	4	3-5	14
	Parent Training	4	4	4	4	4	Prenatal-10	25
	Organizational Change in Schools	4	4	4	4	4	6-18	46

	Risk Factor Addressed	Program Strategy	Protective Factors					Developmental Period	Page #
			Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.		
School Domain	**Academic Failure** (continued)	Classroom Organization, Management and Instructional Strategies	4	4	4	4	4	6-18	46
		Classroom Curricula for Social and Emotional Competence Promotion	4	4	4	4	4	6-14	65
		School Behavior Management Strategies	4		4		4	6-14	98
		Youth Employment with Education	4	4	4	4	4	15-21	129
	Lack of Commitment To School	Early Childhood Education	4	4	4	4	4	3-5	14
		Organizational Changes in Schools	4	4	4	4	4	6-18	46
		Classroom Organization, Management and Instructional Strategies	4	4	4	4	4	6-18	51
		School Behavior Management Strategies	4		4		4	6-14	98
		Mentoring	4		4		4	11-18	122
		Youth Employment with Education	4	4	4	4	4	15-21	129

147

	Risk Factor Addressed	Program Strategy	Protective Factors					Developmental Period	Page #
			Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.		
Individual/Peer Domain	**Rebelliousness**	Family Therapy	4	4	4	4	4	6-14	41
		Classroom Curricula for Social Competence Promotion	4	4	4	4	4	6-14	65
		School Behavior Management Strategies	4		4		4	6-14	98
		After-school Recreation	4	4	4	4	4	6-10	118
		Mentoring	4		4		4	11-18	122
		Youth Employment with Education	4	4	4	4	4	15-18	128
	Friends Who Engage in the Problem Behavior	Parent Training	4	4	4	4	4	6-14	25
		Classroom Curricula for Social Competence Promotion	4	4	4	4	4	6-14	65
		After-school Recreation	4	4	4	4	4	6-14	118
		Mentoring	4		4		4	11-18	122
	Favorable Attitudes Toward the Problem Behavior	Classroom Curricula for Social Competence Promotion	4	4	4	4	4	6-14	65
		Community/School Policies							136
	Early Initiation of the Problem Behavior	Parent Training	4	4	4	4	4	6-14	25
		Classroom Organization Management and Instructional Strategy	4	4	4	4	4	6-10	51
		Classroom Curricula for Social Competence	4	4	4	4	4	6-14	65
		Community/School Policies	4					All	136
	Constitutional Factors	Prenatal/Infancy Programs	4	4	4	4	4	Prenatal	4

PROTECTIVE FACTORS: DEFINITIONS AND INDICATORS

Community Domain Protective Factors	Definition	Survey Scales	Archival Indicators
Opportunities for Pro-social Community Involvement	When opportunities for positive participation in the community are available, young people are more likely to become bonded to the community.	Opportunities for Pro-social Community Involvement	Not Currently Available
Recognition for Pro-social Community Involvement	Recognition for positive involvement in the community helps children become bonded to the community, thus lowering their risk of involvement in problem behaviors.	Recognition for Pro-social Community Involvement	Not Currently Available
School Domain Protective Factors	**Definition**	**Survey Scales**	**Archival Indicators**
Opportunities for Pro-social School Involvement	When young people are given more opportunities to participate meaningfully in the classroom and school, they are more likely to develop bonds of attachment and commitment to school.	Opportunities for Pro-social School Involvement	Not Currently Available
Recognition for Pro-social School Involvement	When young people are recognized for their contributions, efforts, and progress in school, they are more likely to develop strong bonds of attachment and commitment to school.	Recognition for Pro-social School Involvement	Not Currently Available
Family Domain Protective Factors	**Definition**	**Survey Scales**	**Archival Indicators**
Opportunities for Pro-social Family Involvement	Young people who have more opportunities to participate meaningfully in the responsibilities and activities of their family are more likely to develop strong bonds to their family.	Opportunities for Pro-social Family Involvement	Not Currently Available
Recognition for Pro-social Family Involvement	When parents, siblings, and other family members praise, encourage, and recognize things well done by their children, the children are more likely to develop strong bonds to the family.	Recognition for Pro-social Family Involvement	Not Currently Available
Family Attachment	Young people who feel strong, emotional bonds to their family are less likely to engage in drug use or other problem behaviors.	Family Attachment	Not Currently Available

149

Michael W. Arthur, Ph.D.
June 18, 2003

Protective Factor Definitions

Peer/Individual Domain Protective Factors	Definition	Survey Scales	Archival Indicators
Religiosity	Youths who report more frequent involvement in organized religious activities are less likely to engage in drug use or other problem behaviors.	Religiosity	Not Currently Available
Belief in the Moral Order	Youths who hold stronger beliefs in what is "right" and what is "wrong" are less likely to use drugs or engage in other problem behaviors.	Belief in the Moral Order	Not Currently Available
Social Skills	Youths who display more skillful social behavior (e.g., social problem solving, greater respect and awareness of others, better communication) are less likely to use drugs or become involved in delinquent or violent behavior.	Social Skills	Not Currently Available
Pro-social Peer Attachment	Youths who report stronger emotional bonds to peers that engage in pro-social behaviors and abstain from drug use and delinquent behavior are less likely to use drugs or engage in delinquent or violent behavior themselves.	Not Currently Available	Not Currently Available
Resilient Temperament	Children who have an easygoing temperament and who recover quickly from emotionally upsetting incidents are less likely to engage in drug use or delinquent behavior during adolescence.	Not Currently Available	Not Currently Available
Sociability	Children who are socially outgoing and have a pleasant personality are less likely to use drugs or become involved in delinquent or violent behavior.	Not Currently Available	Not Currently Available

150

Michael W. Arthur, Ph.D.
June 18, 2003

APPENDIX E

DEFINITIONS

Appendix E

Definitions

Abuse: Use of alcohol or other drugs in amounts harmful to the individual's or other's health or safety.

Adaptation: A reduced level of fidelity in implementing a best practice. An adjustment of a best practice to fit the needs of the population. For more information, see the WestCAPT website: http://www.unr.edu/westcapt/bestpractices/bestprac.htm.

Aftercare: Care or services given following the original service and to enhance the beneficial effect of the original service, in particular relating to treatment, retention and relapse prevention.

Assessment: A diagnostic service (performed by a qualified professional) designed to evaluate clients' involvement with alcohol and other drugs, and to recommend an appropriate course of action.

Best Practice: Strategies, activities, or approaches that have been shown through research and evaluation to be effective at preventing and/or delaying substance abuse (Western Center for the Application of Prevention Technologies). Represents a more rigorous level of evaluation than does a promising practice. For more information, see the WestCAPT website: http://www.unr.edu/westcapt/bestpractices/bestprac.htm.

Chemical Dependency: A disease characterized by a person's dependence on alcohol or other drugs; loss of control over the amount and circumstances of use; symptoms of tolerance; physiological and/or psychological withdrawal, if use is reduced or discontinued; and/or impairment of health or disruption of social or economic functioning.

Collaboration: Communication among a collected group of people, which results in shared commitment to, unified action.

Community: A holistic, all-inclusive, collaborative spirit shared among a group of people.

Continuing Care: A type of treatment service intended to support an individual's progress in recovery from chemical dependency related issues (i.e., addiction, co-dependence, post-traumatic stress, etc.). This service normally follows a course of more intensive chemical dependency treatment.

Continuum of Care: The full range of services including, but not limited to education, prevention, intervention, law and justice, treatment, aftercare and others.

Deterrence: Providing educational, social, legal, and systematic sanctions and/or incentives to an individual prior to the decision to enter into an unhealthy or legally prohibited behavior.

Early Identification: The process by which the early signs and indicators of misuse, use, or abuse of alcohol and/or other drugs are detected and acknowledged.

Education: The action or process of teaching or being educated about tobacco, alcohol, and other drug use, misuse, abuse and chemical dependency.

Indicated: Prevention strategies that are designed to prevent the onset of substance abuse in individuals who do not meet DSM-IV criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to focus on them with special programs. The individuals are exhibiting substance abuse-like behavior, but at a sub-clinical level.

Innovation: A strategy or program that has been developed out of original ideas rather than a best or promising practice. Though it may include "borrowed" pieces of best and/or promising programs, the fidelity is not high enough to warrant being deemed an adaptation.

Interdiction: Authoritatively decreeing an order to stop a behavior and return to a compliance status or consequences will be rendered.

Intervention: Activity designed to interrupt a behavioral pattern that is linked to increased risks for illness, injury, disability, or death.

Misuse: Use of tobacco, alcohol and other drugs in a manner that causes harm to self, to others, or to property (i.e., any alcohol use by pregnant women or individuals under 21 years; any illegal drug use; or use of prescription drugs other than as prescribed).

Mobilization: A collaborative, united, targeted action in a community, county, or in a consortium of counties.

Partnership: An agreement, contract, or alliance entered into by two or more parties or entities in which each agrees to furnish a part of the resources; i.e., funds, expertise, services, technology or labor, for an identified, unified purpose, by which each shares in the outcomes.

Prevention: Programs and services that are designed to identify risk factors and delay or prevent the misuse of tobacco, alcohol and other drugs.

Promising Practice: Strategies, activities, or approaches that have some quantitative data showing positiveoutcomes in delaying substance abuse over a period of time, but do not have enough
research or replication to support generalizable outcomes. (Western Center for the Application of Prevention Technologies). Represents a less rigorous level of evaluation than does a "best practice." For more information, see the WestCAPT website: http://www.unr.edu/westcapt/bestpractices/bestprac.htm.

Protective Factors: Aspects of peoples' lives that counter or buffer risk. Protective factors fall under three basic categories:

Individual Characteristics: Characteristics that children are born with and are difficult to change, such as gender, a resilient temperament, a positive social orientation, and intelligence.

Bonding: Children who are attached to positive families, friends, their school and community, and who are committed to achieving the goals valued by these groups are less likely to develop problems in adolescence.

Protective Factors: **(cont'd)**	**Healthy Beliefs and Clear Standards**: The people to whom youth are bonded need to have clear, positive standards for behavior. Young people are more likely to follow these standards when parents, teachers and communities set clear standards for children's behavior, when they are widely and consistently supported, and when the consequences for not following the standards are consistent.
Recovery:	A condition established when a chemically dependent individual has accepted their chemical dependence; recognized that a number of life problems have resulted from their continued use of alcohol and/or other drugs; and maintains total abstinence from alcohol and other mood altering drugs, unless prescribed by a licensed physician.
Referral:	The act of directing a person to a source for help or information.
Replication:	The highest level of fidelity in implementing a best practice. A copy or precise imitation of a best practice. For more information, see the WestCAPT website: http://www.unr.edu/westcapt/bestpractices/bestprac.htm.
Risk Factors:	Aspects of peoples' lives and conditions within communities that increase the chances of adolescents developing health and behavior problems. Risk factors are identified under the following four domains:
	Community Risk Factors: Availability of drugs and firearms; community laws and norms favorable toward drug use, firearms, and crime; media portrayal of violence; transitions and mobility; low neighborhood attachment and community disorganization; and extreme economic deprivation.
	Family Risk Factors: Family history of the problem behavior; family management problems; family conflict; and parental attitudes and involvement in drug use, crime and violence.
	School Risk Factors: Early and persistent antisocial behavior; academic failure in elementary school; and lack of commitment to school.
	Individual/Peer Risk Factors: Alienation and rebelliousness; friends who engage in the problem behavior; favorable attitudes toward the problem behavior; early initiation of the problem behavior; and constitutional factors.
Selective:	Prevention strategies that focus on subsets of the total population that are deemed to be exposed to greater levels of risk for substance abuse by virtue of their membership in a particular population segment. For example, children of adult alcoholics, students who are failing academically or who are exposed to other risk factors. Risk groups may be identified on the basis or biological, psychological, social, or environmental risk factors known to be associated with substance abuse and focused subgroups may be defined by age, gender, family history, place of residence (such as high drug-use or low-income neighborhoods), and victimization by physical and/or sexual abuse. Selective prevention focuses on the entire subgroup regardless of the degree of risk of any individual within the group. One individual in the subgroup may be at low personal risk for substance abuse, while another person in the same subgroup may already be abusing substances. The selective prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the higher risk subgroup.

Strategy: An activity or program implemented to reduce known risk factors and enhance protective factors by promoting bonding to school, family, community or peer systems by providing opportunities, skills and recognition in interaction with persons who present healthy values and set clear standards for behavior.

Support: To provide for or maintain by supplying needed resources and/or services intended to enhance the person's ability to sustain a healthy lifestyle.

Technical Assistance: Transfer of technology, skills, or information.

Treatment: A broad range of emergency, detoxification, residential, and outpatient services and care including diagnostic evaluation, chemical dependence education and counseling, medical, psychiatric, psychological, and social service care, and vocational rehabilitation and career counseling, which may be extended to alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons.

Universal: Prevention strategies that address the entire population (national, local community, school, grade, neighborhood) with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs. For example, it would include the general population and subgroups such as pregnant women, children, adolescents, 7th graders, gender groups, and the elderly. The mission of universal prevention is to deter the onset of substance abuse by providing all individuals the information and skills necessary to prevent the problem. All members of the population are seen to share the same general risk for substance abuse, although risk levels may vary greatly between individuals. Universal prevention programs are delivered to large groups without any prior screening for substance abuse risk. The entire population is assessed as at risk for substance abuse and capable of benefiting from prevention programs.

Use: The consumption of a mood altering substance, regardless of the amount or the route of administration.

Street Drug Terminology

Amphetamines: black beauty, candy, double cross, jelly bean, speed upper, white cross

Benzodiazepine: downer, lib (librium), mother's little helper, tranq, V (Valium)

Barbiturate: blue, Christmas trees, downer, M&M, peanut, red and blue, red devil, sleeper, yellow jacket

Cocaine: blue, dust, eight ball (3.55 grams), girl, lady, nose powder, pimp, sniff, snort, snow, toot

Smokable Cocaine: base, crack, eggs, freebase, fries, rocks

Heroin: black tar, brown sugar, crap, dirt, flea powder, H, hard candy, joy powder, scag, smack, speedball (cocaine and heroin injected), white horse, whiz bang

Lysergic Acid Diethylamide (LSD):   acid, blotter, double dome, (orange or purple) haze, microdot, pane (a clear piece), tab, trip, yellow sunshine

Marijuana:	Christmas tree (cheap MJ), Colombian, doobee, gold good shit, herb, joint, Maui wowee, pot, red-haired lady, sen (sinsemilla--potent variety), sezz (sinsemilla), stick, stone, tea
Mescaline (hallucinogen from cactus):	beans cactus, chief, mesc, peyote

Street Drug Terminology
Miscellaneous Drugs

Methamphetamine:	crystal meth, speed, water (a potent central nervous stimulant, often responsible for violent erratic behavior)
Smokable Methamphetamine:	ice
Methylamphetamine Derivative (hallucino-enic stimulant):	DOM, STP
Methylated MDA:	Adam, Ecstacy, MDMA, XTC
Inhalant:	huff, poor man's pot, sniff, Whiteout
Isobutyl Nitrite (legal inhalant):	aroma of men, hardware, poppers, rush, snappers
Lookalike:	drugs that are fake and designed to look like another, more expensive drug, and may contain dangerous drugs
Nitrous Oxide (laughing gas):	whippets (propellant in spray can of whipping cream)
Phencyclidine (PCP):	angel dust, Hinkley, hog, loveboat, Shermans, wack
Psilocybin/Psilocin (hallucinogen from mushroom):	mushrooms, shrooms, silly putty, Simple Simon